



2010 Windmill Drive
 Spearfish, SD 57783
 p (605) 642-4910
 f (605) 717-6837

APPLICATION FOR EMPLOYMENT

Date of Application		Position(s) Applied For	
Last Name		First Name	Middle Initial
Street Address			
City, State, Zip Code			
Telephone Number (home or cell) () - Email Address		Driver's License No. / State which Issued License _____ / _____	

Type of Employment Desired: _____ Full-Time _____ Part-Time (indicate days of week and approx. # of hours per week: _____)			
(Check all that apply) _____ Regular _____ Temporary			
Can you perform the essential functions of the job for which you are applying?	Yes	No	Date Available for Work

Have you ever been employed here before? If yes, list position(s) held and dates of previous employment.	Yes	No
How did you hear about this position?		
Do you wish to claim veterans' preference? If yes, DD-214 (separation papers) must be attached. If you are a disabled veteran, attach current VA disability certification with DD-214.	Yes	No
Are you legally authorized to work in the U.S.? Proof of legal authorization to work in the U.S. will be required upon employment.	Yes	No
Have you been convicted of a criminal offense? Such conviction may be relevant if job-related, but does not automatically bar you from employment. If yes, please explain.	Yes	No
Are you 18 years of age or older?	Yes	No

EMPLOYMENT HISTORY

(Begin with the most recent)

Are you currently employed?	Yes	No	If yes, may we contact your present employer?	Yes	No
If not currently employed, please skip to "Previous Employer" (section below).					

Current Employer Name		Dates of Employment (month/day/year) From _____ To _____	
Address of Current Employer (Street, City, State, Zip Code)		Telephone Number of Current Employer () - _____	
Type of Business	Your Position Title	Why are You Considering Leaving?	
Immediate Supervisor's Name	Immediate Supervisor's Title	Beginning Salary Current Salary	
Number of Employees you supervised		Average hours worked per week 1-10 _____ 11-20 _____ 21-30 _____ 31+ _____	
Description of Position Duties			

Previous Employer Name		Dates of Employment (month/day/year) From _____ To _____	
Address of Current Employer (Street, City, State, Zip Code)		Telephone Number of Current Employer () - _____	
Type of Business	Your Position Title	Why are You Considering Leaving?	
Immediate Supervisor's Name	Immediate Supervisor's Title	Beginning Salary Current Salary	
Number of Employees you supervised		Average hours worked per week 1-10 _____ 11-20 _____ 21-30 _____ 31+ _____	
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Description of Position Duties			

EDUCATION AND TRAINING

Do you possess a high school diploma or GED? Yes _____ No _____

Circle or indicate last year of education completed. For high school diploma or GED circle "12."

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

List formal education beginning with the most recent. Include high school, college, vocational or business school, apprenticeship, military training, etc.

Name of School	
Address of School	
Type of credit (semester, quarter, CEU's, etc.)	Total credit hours
Major(s) or course	Minor(s)
Did you graduate?	Type of Degree

Name of School	
Address of School	
Type of credit (semester, quarter, CEU's, etc.)	Total credit hours
Major(s) or course	Minor(s)
Did you graduate?	Type of Degree

Use this space to identify any other educational experiences you have had which are pertinent to this position. Include workshops, seminars, military or vocational training etc. which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.)

Summarize special skills and qualifications, professional licenses or certifications that may qualify you for the position for which you are applying. Attach any certifications, licenses, etc.

REFERENCES

Name	Telephone Number	Years Known

Verification and At-Will Employment

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentation. I am aware that all statements submitted on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation or falsification of statements on this application could result in rejection for employment, or if employed, termination from Sandstone Senior Living (SSL) at that time. I also understand nothing in this application or in granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand no such promise or guarantee is binding on Sandstone Senior Living. If an employment relationship is established it is referred to as “employment at will.” This means that your relationship can be terminated at any time for any reason, with or without cause or notice by you or Sandstone Senior Living. No representative of SSL has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will” and that you acknowledge no oral or written statements or representation regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Administrator, Vice President or President.

Authorization and Release of Information

In order for Sandstone Senior Living to access and verify my work history, I authorize any name mentioned as a reference on my application to release work related information to Sandstone Senior Living. A photocopy of this Authorization and Release may be treated as if it was an original. The original is maintained in the Human Resources Department and will be available upon request. I have carefully read and understand this Authorization and Release and have voluntarily agreed to its terms in order to assist SSL in its goal of engaging honest, trustworthy, reliable, capable, and nonviolent employees and volunteers. I further understand that all information and documents acquired by SSL will be maintained as confidential by the HR Department and they will not release such information to me, except as may be required by law.

Signature _____

Date _____

American with Disabilities Act: Sandstone Senior Living fully subscribes to the provisions of the Americans with Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

Equal Employment Opportunity: It is the policy of Sandstone Senior Living to provide equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, creed, ancestry, pregnancy, age, genetic information, or disability in employment or the provisions of services, or any other basis prohibited by state or federal laws.