

WESTERN SOUTH DAKOTA COMMUNITY ACTION, INC.
1844 Lombardy Drive
Rapid City, SD 57703
(605)348-1460

Date Received: _____
By: _____

Position and/or type of work you are applying for

1. NAME: Last First Middle
2. ADDRESS: Street, Box Number, or RFD City State Zip
3. TELEPHONE: Home Cell Work
4. Are you a US Citizen?
5. Date you are available for work?
6. Do you have transportation?
7. Do you have any family members currently employed by Western South Dakota CAA?

Name Position Relationship to you

8. U.S. Military Service Branch of Service
9. Any convictions felony or misdemeanor? If Yes, explain on separate piece of paper.
10. Last year of education completed?

Was Diploma obtained by passing H.S. equivalency (GED) Test? When?

LIST EDUCATION BEGINNING WITH MOST RECENT (College, Vocational School, High School, etc.)

Name and Address of School

Attended From to Total Hours Degree

Major or Course Minor(s) Did you graduate?

Name and Address of School

Attended From to Total Hours Degree

Major or Course Minor(s) Did you graduate?

11. Are you willing to have your present or most recent employer contacted regarding your qualifications?

Begin with your present or last work and list in reverse order. Complete fully, especially description of duties, giving tasks performed, responsibilities and number of people you supervised. List every position you have held, including volunteer and committee work, giving same information. Attach additional sheet if necessary. Please include any experience relevant to the position that you are applying for.

A. Date employed: Date separated: Total Years:
Hours per Week: Position Held: Starting Salary:
Last Salary: Reason for Leaving:
Place of Employment: Street Address:
City: State: Zip: Phone:
Immediate Supervisor: Description of Duties:

B. Date employed: Date separated: Total Years:
Hours per Week: Position Held: Starting Salary:
Last Salary: Reason for Leaving:
Place of Employment: Street Address:
City: State: Zip: Phone:
Immediate Supervisor: Description of Duties:

C. Date employed: Date separated: Total Years:
Hours per Week: Position Held: Starting Salary:
Last Salary: Reason for Leaving:
Place of Employment: Street Address:
City: State: Zip: Phone:
Immediate Supervisor: Description of Duties:

12. PERSONAL REFERENCES: Give three (3), known at least three years (other than relatives or former employers).
NAME OCCUPATION ADDRESS PHONE NUMBER

13. Why are you interest in this job?

14. In case of emergency, please notify:

Address:

Phone:

15. I certify that the foregoing answers are correct to the best of my knowledge and belief.

Signature

Date

PLEASE LIST ALL OTHER RELATED EXPERIENCES

From Responsibilities:	To	Duties:
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From Responsibilities:	To	Duties:
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From Responsibilities:	To	Duties:
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