



2000 S. Summit Ave.
Sioux Falls, SD 57105
(605) 336-0510 Phone
(605) 336-3779 Fax
www.southeasternbh.org

Application for Employment

Position Applied For _____ Date _____

Please print

Name: _____
Last First Middle

Current Address: _____
Street City State Zip code

Home/Cell Phone: (_____) _____ Social Security Number _____

May we contact you by email? Yes No Email Address _____

Type of employment you will accept: Full-time Part-time Wage Desired: _____

Have you filled out an application here before? Yes No

Have you ever been employed here before? Yes No If yes, give dates _____

Please specify if you have worked under a different name or if there is any other name we should be aware of to adequately check your employment and/or education history. _____

List names of any relatives employed by SEBH None

Name	Relationship	Work Location
_____	_____	_____
_____	_____	_____

Are you 18 years of age or older? Yes No

Are you legally eligible to work in the United States? Yes No

(Proof of US Citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony, sex related offense or a crime involving a child or vulnerable adult?

(Convictions will not necessarily disqualify you from employment) Yes No

If yes, Please explain all convictions -

Do you possess a valid driver's license? Yes No

Are there any restrictions: Yes No

Do you maintain automobile coverage? (Proof of coverage will be required upon employment). Yes No

Have you been convicted of any serious traffic violation(s) (e.g. DWI, Reckless Driving, Hit & Run, etc.) ?

Yes No If yes, please explain all convictions - .

Educational Background

	High school	College/University	Graduate/Professional	Other
School Name				
Years Completed	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Course of study				
Diploma/Degree/GED				
Describe any specialized training, apprenticeship, skills and licensures.				
Any additional information you would like us to consider:				

Employment Experience -

Start with your present job or last job. Include applicable military service assignments and related volunteer activities.

Employer	Employment Dates		Briefly Describe Work Responsibilities & Job Title: _____ <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>
Phone number			
City	Beginning pay	Ending pay	
State/Zip			
Supervisor-			
Reason for Leaving			

Employer Phone number	Employment Dates		Briefly Describe Work Responsibilities & Job Title: _____
City State/Zip	Beginning Pay	Ending Pay	
Supervisor-			
Reason for Leaving			

Employer Phone number	Employment Dates		Briefly Describe Work Responsibilities & Job Title: _____
City State/Zip	Beginning Pay	Salary Final	
Supervisor-			
Reason for Leaving			

Employer Phone number	Employment Dates		Briefly Describe Work Responsibilities & Job Title: _____
City State/Zip	Beginning Pay	Ending Pay	
Supervisor-			
Reason for Leaving			

Employer Phone number	Employment Dates		Briefly Describe Work Responsibilities & Job Title: _____
City State/Zip	Beginning Pay	Ending Pay	
Supervisor-			
Reason for Leaving			

May we contact the employers and/or supervisors listed? Yes No

If No, please indicate those you do not want contacted -

Name: _____ Reason: _____

Name: _____ Reason: _____

Explain any gaps in employment:

How did you hear about Southeastern Directions for Life:

Southeastern Directions for Life-

SD Jobs _____

Employee _____

Employment Agency _____

Website _____

Newspaper _____

Internet Job Search _____

Other - please identify _____

References

Please list 3 personal references that are not related to you and are not previous employers.

Please supply daytime (8am to 5pm) telephone numbers.

Name :	Phone: _____
Email:	Cell Phone : _____
Address:	
Relationship:	

Name :	Phone: _____
Email:	Cell Phone: _____
Address:	
Relationship:	

Name :	Phone: _____
Email:	Cell Phone: _____
Address:	
Relationship:	

Please read the following sections carefully and sign:

Southeastern Directions for Life (SBH) is an equal opportunity employer, and selects for employment individuals based on job-related qualifications, regardless of race, color, creed, sex, national origin, age, disability or other protected groups under local, state or federal law.

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment. I understand that this application is not a contract of employment and that if hired, the employment relationship between myself and SBH is terminable at will. I understand that if I am employed, such employment is for no definite period of time and that SBH can change wages, benefits and conditions at any time.

I understand that SBH may make a thorough investigation of my past employment, education, activities and information relevant to professional ethics and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving or receiving of any information requested by SBH and I release from liability any person giving or receiving any such information. I understand that falsification of data as given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I understand the business needs of SBH may at times require overtime, rotating or flexible work schedules, or work schedules other than Monday through Friday. I understand and accept these as conditions of my continuing employment. I understand that I must at all times comply with SBH standards of work performance and business conduct. Failure to do so can result in my release without notice.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

I understand that this application for employment shall be considered active for a period of time not to exceed 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

I have read and understand the above.

Signature: _____ Date: _____