



Michaels Fence & Supply of SD

3900 N. Potsdam Ave., Sioux Falls, SD 57104

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.
Reasonable accommodation will be provided as required by law.

(PLEASE PRINT CLEARLY)

Last Name	First Name	Middle Initial	Phone Number:
Street Address	City/State	Zip Code	If hired, can you provide evidence of legal eligibility to work in the U.S.?
Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization. (All applicants offered a position will have their information submitted to E-Verify for Authorization)			

Position you are applying for?	Date you can begin work?	Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.	How did you hear about the available position?
Desired Pay?	Total hours per week you are available to work:		Do you have any special requests or needs for a work schedule?	
Are you available to travel out of town on overnight projects?			Do you have a drivers license? _____ Do you have a commercial drivers license (CDL)? _____	
Do you have any physical limitations that preclude you from performing any work for this particular position, which you are being considered?			Please describe the limitation and any possible reasonable accommodations that can be made:	
Emergency Contact Person - Name:			Phone Number:	

- Education, Training and Skills -

Name of high school attended:	City & State	Graduate?	GED?	
Name of college or technical school:	City & State	Graduate?	Degree?	Major:
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:		
List any job-related skills, training or accomplishments, including military service:				

- Provide at Least Three References Who We May Contact - Exclude Persons Related to You

Name and Occupation	How do you know them, and for how long?	Phone Number

- CONTINUED ON REVERSE SIDE -

- Your Employment History -

(List names of employers with present or last employer listed first.)

Are You Currently Employed? _____	May we contact current employers? _____
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. All applicants that are offered a position must pass a drug test prior to employee and are subject to follow our drug policy going forward.

I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I also authorize my information to be submitted into the E-Verify Employment Eligibility Verification Program upon a job offer.



I have read, understand, and agree to the above statements.

Signature:

Date: