



2015 Tumble Weed Trail
Spearfish, SD 57783
(605) 642-6668
www.prairiehillstransit.org

Personal Information

Date Received: _____

Name: _____ Position applied for: _____
 First MI Last
 Availability Date: _____ Expected rate of pay: _____
 Mailing Address: _____
 Street or Box No. City State Zip Code
 Phone: Home _____ Work _____ Email: _____

Are you: over 18 over 25 (Some positions have minimum age requirements.)

Are you a U.S. Citizen? Yes No if no, do you have a work authorization number? Yes No

Have you applied for employment with this firm in the past? Yes No

Are you interested in working full- or part-time? Full-time Part-time

Education & Skills

Education: (highest grade completed) _____
 List any education or training (College degrees, vocational, or military certifications, etc.)

Special Skills: _____

Military Service

Have you served in the U.S. Armed Forces? Yes No

Did you serve on active duty **other than training**? Yes No

If yes, list **ACTIVE DUTY** Dates From _____ to _____

Resources

If needed, do you have: Tools Valid SD Driver's License CDL Endorsements _____

Work History: Describe your **most important jobs** within the last 10 years, beginning with the most recent.

A) Employer: _____ City _____ State _____

Immediate Supervisor: _____ Ending Wage: _____

Job Title: _____

Start Date: _____ End Date: _____

Job Duties/Responsibilities: _____

B) Employer: _____ City _____ State _____

Immediate Supervisor: _____ Ending Wage: _____

Job Title: _____

Start Date: _____ End Date: _____

Job Duties/Responsibilities: _____

C) Employer: _____ City _____ State _____

Immediate Supervisor: _____ Ending Wage: _____

Job Title: _____

Start Date: _____ End Date: _____

Job Duties/Responsibilities: _____

Summary of other work experiences not listed above:

References:

Name	Address	City/State/Zip Code	Phone
1).			
2).			
3).			

I declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if hired, any falsification, misstatement or omission of fact in connection with my application, whether on this document or not, may result in the immediate termination of my employment. I authorize this employer to verify any and all information provided above. I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that no representative of the company, other than the executive director, has the authority to change the terms of the at-will relationship and that any such change can occur only in a written employment contract.

Signature: _____

Date: _____

This application is valid for sixty days from the application date unless renewed in person or in writing.

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.