



We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Application For Employment

Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?				Yes <input type="checkbox"/> No <input type="checkbox"/>

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Shift Desired <input type="checkbox"/> Days <input type="checkbox"/> Nights	
Are you able to meet the attendance requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been employed by Dakota Bodies? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License #: (if required):	
How were you referred to Dakota Bodies?		

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Other Skills and Qualifications

Employment History

Employer (1)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for leaving?			
Employer (2)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for leaving?			
Employer (3)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for leaving?			

Signature Disclaimer

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Name (Print)	Signature	Date
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