

Box 1162  
 Pierre, South Dakota 57501  
 Phone (605) 223 2585  
 FAX (605) 223-2006



# APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

We consider all applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked Back: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rejected offer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Application? Y N If yes, when? \_\_\_\_\_

Former Employee (you, the applicant)  
 If so, dates: \_\_\_\_\_ to \_\_\_\_\_

Referral Status:  Career Center  Walk-In  
 Morris Employee  Friend/Relative  
 Advertisement  Other \_\_\_\_\_

Last Name:		First Name:			Middle Name:	
Address:	Street	City	State	P.O. Box	Zip	
Telephone Number(s):				Social Security Number		
Emergency Contact :		Name:			Phone Number(s):	
<input type="checkbox"/> Relative					(h)	
<input type="checkbox"/> Non-relative					(c)	

Can you provide proof of legal age to work?  
 Y N

If applying for a position that requires driving, have you been ticketed for a moving traffic violation? Y N If yes, please explain: \_\_\_\_\_

Date Available: \_\_\_\_\_

Type of Employment Desired:  Full-Time  Part-Time  Temporary

Will You Work Overtime: Y N (please circle) Hours Desired: \_\_\_\_\_

The following questions will help us qualify you for employment at Morris, Inc., YOU ARE NOT REQUIRED TO RESPOND.

Do you have a valid driver's license? Y N Number: \_\_\_\_\_ CDL? Y N State: \_\_\_\_\_

Equipment Operated: (circle if appropriate)

CDL Endorsements:(circle letter)

Restrictions: Y N

	Time Operated
Roller	_____
Blade	_____
Tractor	_____
Cement Truck	_____
Loader	_____
Scraper	_____
Dozer	_____
Backhoe	_____

- T Double/Triple Trailers
- P Passengers
- N Tank Vehicles
- H Hazardous Materials
- X Combination Tank & Hazardous

Explain: \_\_\_\_\_

IF hired, are you interested in learning new skills? Y N What skills? \_\_\_\_\_

IF hired, are you willing to work out of town, nights, weekends? Y N

IF hired, are you willing to work or cross-train in other areas besides the position or department originally hired for: Y N

Do you have special training or skills? Please list: \_\_\_\_\_

OTHER

# EMPLOYMENT HISTORY

Please give accurate and complete information. Start with your present or most recent employer. Include military experience.

EMPLOYER	Telephone
Full Address	May We Contact? Y N Later
Supervisor's Name & Title	Your Title
	DATES EMPLOYED
	FROM TO
Summarize Work Performed	HOURLY RATE/SALARY
	START \$ PER
Reason for Leaving	FINAL \$ PER

EMPLOYER	Telephone
Full Address	May We Contact? Y N Later
Supervisor's Name & Title	Your Title
	DATES EMPLOYED
	FROM TO
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	FROM TO
Summarize Work Performed	HOURLY RATE/SALARY
	START \$ PER
Reason for Leaving	FINAL \$ PER

**GENERAL REFERENCES (non-relatives)**    Name    ●    City    ●    Phone Numbers    ●    Relationship    ●    May We Contact?

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

**GENERAL EDUCATION**

Circle Highest Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

College: 1 2 3 4 5    Vo Tech: 1 2 3

SCHOOL    ●    LOCATION    ●    YEARS ATTENDED    ●    FIELD OF STUDY

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Activities, Hobbies, Special Interests: (Please omit organizations that indicate your race, color, religion, sex, national origin, age, disability or other protected status.)

## SUPPLEMENTAL INFORMATION

1. Have you been convicted of a felony in the last seven (7) years? Y \_\_\_\_\_ N \_\_\_\_\_ (Conviction will not necessarily disqualify you.)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Can you provide proof of your eligibility to work in the Unites States? Y N

3. Do you have a minimum salary requirements? Y What are they? \_\_\_\_\_ N

If yes, will you automatically reject all offers or positions with a lesser starting salary? Y N

4. Please include additional information which you feel may be helpful to us in considering your application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. State briefly why you would like to work for Morris, Inc. \_\_\_\_\_  
\_\_\_\_\_

## APPLICANT'S ACKNOWLEDGEMENT

The information provided in this application for employment is true, correct, and complete. If employed, any mis-statement or deliberate omission of fact on this application will result in my dismissal. If I am a candidate for employment and provide false or misleading information, my application or offer of employment will be cancelled indefinitely.

I authorize a complete investigation of all information provided in this application for employment. I hereby release from liability Morris, Inc., and its representatives in securing job-related information from the sources I have listed herein. I also release my sources to provide such job-related information as may be requested by Morris, Inc.

My signature below indicates that I have read, understand, and consent to the above conditions of employment, and that I have been informed of and agree to the following:

1.) My application for employment will be considered current and active for a period of 45 days following date of submission. If I am considered for a position at any time after today, I will be asked if anything on my application has changed, and if so, I will be required to update my application accordingly. A new application will be required 45 days from today if I still wish to be considered for employment.

2.) Morris, Inc., is an equal opportunity employer. The employer does, not discrimination in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

3.) Acceptance of an offer of employment does not create a contractual obligation upon Morris, Inc., to continue to employ me. Any employment relationship with this organization is of an "at will" nature, meaning I may resign at anytime, and Morris, Inc., may terminate my employment at anytime, with or without cause or without prior notice.

4.) If I accept an offer of employment from Morris, Inc., I understand that I will be provided a copy of the employee handbook, safety policy, drug-free workplace notice, and other general information as pertains to my employment with this company. I hereby agree to read such materials and abide by the guidelines set forth in each.

5.) If I accept an offer of employment from Morris, Inc., I will be requested to provide my consent to: 1) a drug screen, and 2) enforcement of the Morris, Inc., drug and alcohol policy provisions.

6.) An offer of employment made by Morris, Inc., as a result of this application is specifically conditioned upon completing Medical History Information and establishing the fact that I can perform essential functions for job with or without reasonable accommodations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application was updated \_\_\_\_\_. By initialing, \_\_\_\_\_, I hereby certify that the entire application including updates, is true and complete to the best of my knowledge.

This application is newly completed and replaces other applications, in their entirety, which may have been submitted to Morris, Inc., at an earlier time. \_\_\_\_\_ (applicant's initials)

