



## APPLICATION FOR EMPLOYMENT

Glencoe CampResort

PO BOX 999

Sturgis, SD 57785

Phone: 605-347-4712 Fax: 605-347-8888

E-mail: campinfo@glencoe campground.com

LAST

FIRST

MIDDLE

### APPLICANT INFORMATION

LAST NAME		FIRST			MI
PRESENT ADDRESS		APT NO	CITY	STATE	ZIP
PERMANENT ADDRESS		APT NO	CITY	STATE	ZIP
PHONE		E-MAIL ADDRESS			
ARE YOU:	OVER THE AGE OF 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	OVER THE AGE 21? YES <input type="checkbox"/> NO <input type="checkbox"/>	AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EMERGENCY CONTACT/PHONE:					

### DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHERE?	WHEN?
REASON FOR LEAVING:			
NAME OF LAST SUPERVISOR:		WHO REFERRED YOU?	

### EDUCATION

Do you possess a high school diploma or GED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
School Name/City/State	
Post-Secondary, Trade, or Business School Name	Address
Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree Earned
List all relevant licenses, certifications, or registrations you possess.	

### GENERAL

ADDITIONAL SKILLS OR QUALIFICATIONS:
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## PREVIOUS EMPLOYMENT

COMPANY		PHONE
ADDRESS		SUPERVISOR
POSITION/TITLE	FROM TO:	REASON FOR LEAVING:
DESCRIPTION OF WORK:		
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		

COMPANY		PHONE
ADDRESS		SUPERVISOR
POSITION/TITLE	FROM TO:	REASON FOR LEAVING:
DESCRIPTION OF WORK:		
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		

COMPANY		PHONE
ADDRESS		SUPERVISOR
POSITION/TITLE	FROM TO:	REASON FOR LEAVING:
DESCRIPTION OF WORK:		
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		

COMPANY		PHONE
ADDRESS		SUPERVISOR
POSITION/TITLE	FROM TO:	REASON FOR LEAVING:
DESCRIPTION OF WORK:		
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		

## REFERENCES

Below, give the names of three persons you are not related to, whom you have known for at least one year

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## MILITARY SERVICE

BRANCH	FROM:	TO:
DID YOU SERVE ON ACTIVE DUTY? YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF DISCHARGE:	

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

## AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be ground for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that my result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### Office Use Only:

DOH: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ RATE OF PAY: \$ \_\_\_\_\_/HR