



P.O. Box 2921 Rapid City, SD 57709

APPLICATION FOR EMPLOYMENT

Name _____ Position Applying for: _____
Address _____ Height _____ Weight _____
City _____ State _____ Zip _____ Are you over 18 years of age? Yes _____ No _____
Telephone No. (_____) _____ Social Security No. _____
Email Address: _____

Are you legally authorized to work in the U.S.? Yes ___ No ___
Driver's License No. _____ State _____ Expiration Date _____
Could you get a medical clearance to lift 75 pounds if required for a specific job? _____
Is there any reason you could not work in another state for up to two weeks at a time, if required? _____

Have you ever worked for SECO Construction, Inc. before? Yes ___ No ___
If yes, give dates and reason for leaving: _____

Were you referred to SECO Construction, Inc.? Yes ___
No ___
If yes, state who referred you and relationship: _____

This company is an equal employment opportunity employer. We will not tolerate discrimination because of race, religion, color, national origin, disability, age, sex, sexual orientation, gender identity, or any other classification protected by federal, state, or local laws.

In case of accident, please notify:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Telephone No. (_____) _____

Table with 3 columns: Education and/or Apprenticeship Program, Dates Attended, Degree or Certificate

Employment History

Present or Last Position:
Employer: _____ Address: _____ Phone: _____
Dates Employed: _____ Rate of Pay: _____
Duties: _____

Reason for Leaving: _____

(Complete Back of Form)

Previous Position:

Employer: _____ Address: _____

Phone: _____ Dates Employed: _____ Rate of Pay: _____

Duties: _____

Reason for Leaving: _____

Previous Position:

Employer: _____ Address: _____

Phone: _____ Dates Employed: _____ Rate of Pay: _____

Duties: _____

Reason for Leaving: _____

Skills and Experience related to position applied for _____

"I certify that the information in this application is true and understand that false or omitted facts may result in my termination, regardless of the time of discovery by the company. I understand that as a condition of employment I will be required to participate in a pre-employment screening test in accordance with the company's current Drug-Free Workplace Policy. I also understand that if hired, there is no express or implied promise of continuing employment. The employee and the company are both free to terminate the employment relationship at any time with or without reason."

Signature _____ Date _____

APPLICATION WILL REMAIN ON FILE 30 DAYS

(FOR OFFICE USE ONLY)

Started to Work _____ Rate of Pay _____ Classification _____ Project# _____

Remarks _____

Superintendent's Signature _____ Date _____