

Application For Employment

(PLEASE PRINT)



Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job related medical condition or handicap.

Position Applied For _____ Date of Application _____

(ONE POSITION PER PERSON)

Referral Source: Advertisement Friend Relative Employment Agency Other

Name	_____	_____	_____
	LAST	MIDDLE	FIRST

Address: _____
NUMBER STREET / PO BOX CITY STATE ZIP CODE

Phone No. () _____ Social Security No. _____
AREA CODE DATE OF BIRTH

Male Female

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

Are you a citizen of the United States? Yes No

If Not, Do you Possess an Alien Registration Card? Yes No

If yes, give Alien Registration Number _____

Are you available to Work? Full Time Part Time Shift Work

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do any of your friends or relatives, other than your spouse, work here? Yes No

If Yes, List Names(s) _____

Have you been convicted of a Felony within the last 7 years? Yes No

If yes, please explain _____

An Equal Employment Opportunity Employer M/F/V/H

Are you a veteran of the U.S. military service? Yes No

If Yes, what was your Branch of the U.S. military service? _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?

Yes No

If yes, please explain _____

What Foreign Languages do you speak, read and/or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(Exclude groups which indicate race, color, religion, sex or national origin):

Give name, address and phone number of three references not related to you.

Special Employment Notice To Disabled Veterans, Vietnam Era Veterans, And Individuals With Physical Or Mental Handicaps

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as a confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If You Wish To Be Identified, Please Sign Below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

1. Employer	Dates		Work Performed
	From	To	
	Hrly. Rate/Salary		
	Starting	Final	
Address			
Job Title			
Supervisor			
Reason for Leaving			
2. Employer	Dates		Work Performed
	From	To	
	Hrly. Rate/Salary		
	Starting	Final	
Address			
Job Title			
Supervisor			
Reason for Leaving			
3. Employer	Dates		Work Performed
	From	To	
	Hrly. Rate/Salary		
	Starting	Final	
Address			
Job Title			
Supervisor			
Reason for Leaving			
4. Employer	Dates		Work Performed
	From	To	
	Hrly. Rate/Salary		
	Starting	Final	
Address			
Job Title			
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Summarize Special Skills and Qualifications

Acquired From Employment Or Other Experience _____

Education

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study:																	
Describe Specialized Training, Apprenticeship, Skills, and Extracurricular Activities																	

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the even of employment, I Understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant _____

Date _____

For Personnel Department Use Only

Date Received _____

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Name/Title _____ Date _____

CHEYENNE RIVER GROCERY MARKETING CORPORATION
DBA

LAKOTA THRIFTY MART

**EMPLOYEE/APPLICANT CONSENT
TO DRUG AND/OR ALCOHOL TESTING**

Name: _____ Position: _____

I acknowledge that I have read and understand the Lakota Thrifty Mart Drug and Alcohol Policy.

I understand that consent and cooperation in these procedures is a condition of my employment and that refusal to consent may result in disciplinary action and/or my discharge from employment.

Employee/Applicant Signature

Date

Witness

CHEYENNE RIVER GROCERY MARKETING CORPORATION
DBA

LAKOTA THRIFTY MART

**EMPLOYEE/APPLICANT CONSENT
TO DRUG AND/OR ALCOHOL TESTING**

Name: _____

I have been requested to undergo drug and/or alcohol testing in connection with my application for employment or existing employment with Lakota Thrifty Mart. By signing below, I hereby consent to provide a sample of my blood, breath, saliva and/or urine for laboratory testing to determine the presence of illegal drugs, alcohol, and/or adulterants in my body. I am familiar with LTM's Drug and Alcohol Policy which prohibits substance abuse and requires drug and alcohol testing as defined in the Policy, and I understand and agree that if the sample I provide tests positive for illegal drugs, alcohol, and/or adulterants, I may be subject to disciplinary action and/or denial of employment as provided in the Policy. I also understand and agree that the test results will be made known to authorized LTM personnel, under the parameters set forth in this Policy, who have a legitimate need for the information in the performance of their jobs, or as otherwise required by law, but that all test results will otherwise be maintained as confidential. I understand and agree that LTM will provide me notice of the results of testing of the sample I provide under the parameters set forth in the Policy.

Employee/Applicant Signature

Date

Witness