## Mobridge Publishing

1413 E Grand Crossing | Mobridge, SD | 605-845-3646 | www.mobridgetribune.com

## **Application For Employment**(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date:							
I. Personal Information							
Name: L	ast	First	Middle				
Present Ac	Idress:						
Email Addı	ress:						
Social Sec	urity Number:	Telep	none:				
employmer hired. Failu	nt authorization and ider re to submit such proof	ntity (valid driver's license, birt within the required time shall	persons hired must submit satisfactor h certificate, Green Card, etc.) within t result in immediate employment termi	hree days of being			
1. Do you l applying		ition which may limit your ab	ility to perform the particular job for	which you are			
for	u had a recent or past iou are applying?	illness or operations which m	night hinder your ability to perform th	e duties of the job			
3. Do you l	nave any hobby(s) that	has/have a direct bearing on	the job for which you are applying?				
4. Have yo	u ever been convicted	of a felony? ()Yes ()No	If yes, please explain:				
			<del></del>				

## **II. Educational History:**

School Name/Location		Years Completed		Degree/Diploma	
gh School:					
llege:					
ch. Training:					
	nt Record (Pease include al	i employment for the la	st five years)		
Company Name (0	Current or Most Recent Employer)	Position Held			
		Dates Employed:			
Address		. ,	From	То	
Manager / Superv	isor	Telephone		Wage/Salary	
	ng				
Reason For Leavii	ng ()Yes()No  If not, why? _				
Reason For Leavii May we contact:		Position Held			
Reason For Leavii May we contact:	( ) Yes ( ) No If not, why? _	Position Held			
Reason For Leavii May we contact:	( ) Yes ( ) No If not, why? _				
Reason For Leavii May we contact:  Company Name (C	( ) Yes ( ) No If not, why? _ Current or Most Recent Employer)	Position Held			
Reason For Leavii May we contact:  Company Name (Company Name)  Address  Manager / Superv	( ) Yes ( ) No If not, why? _ Current or Most Recent Employer)	Position Held  Dates Employed:		То	
Reason For Leavii May we contact:  Company Name (  Address  Manager / Superv	( ) Yes ( ) No If not, why? _ Current or Most Recent Employer)	Position Held  Dates Employed:  Telephone	From	To Wage/Salary	
Reason For Leavii May we contact: Company Name (company Name) Address Manager / Superv Reason For Leavii May we contact:	( ) Yes ( ) No If not, why? _ Current or Most Recent Employer)	Position Held  Dates Employed:  Telephone	From	To Wage/Salary	
Reason For Leavii May we contact:  Company Name (company Name)  Address  Manager / Superv  Reason For Leavii May we contact:	( ) Yes ( ) No If not, why? _ Current or Most Recent Employer) isor  ng ( ) Yes ( ) No If not, why? _	Position Held  Dates Employed:  Telephone	From	To Wage/Salary	
Reason For Leavii May we contact:  Company Name (company Name)  Address  Manager / Superv  Reason For Leavii May we contact:	( ) Yes ( ) No If not, why? _ Current or Most Recent Employer) isor  ng ( ) Yes ( ) No If not, why? _	Position Held Dates Employed: Telephone  Position Held	From	To Wage/Salary	

N/ \A/					
IV. Work Availability:					
1. If your application receives favorable consideration, when will you he available to begin work?					
2. Do you have any objection to working overtime? ( ) Yes ( ) No					
3. Can you work overtime without prior notice? ( ) Yes ( ) No					
4. Can you work on Saturdays? ( ) Yes ( ) No					
5. Can you work on Sundays? ( ) Yes ( ) No					
6. Can you travel if required by this position? ( ) Yes ( ) No					
V. Driving Information:					
1. Do you have a valid driver's license? ( ) Yes ( ) No					
2. Do you have a personal vehicle? ( ) Yes ( ) No					
a. Make:Model:	Year:				
3. Do you have automobile insurance? ( ) Yes ( ) No					
4. Has your auto insurance ever been cancelled? ( ) Yes ( ) No					
5. Any moving violations within the past three years? ( ) Yes ( ) No					
6. Vehicles you are qualified to operate: ( ) Passenger car ( ) Light truck (	) Heavy truck				
( ) Other: Explain:					
VI. Miscellaneous Information:					
1. Do you touch type? ( ) Yes ( ) No If yes, WPM:					
2. Do you have computer experience? ( ) Yes ( ) No					
a. If yes, Windows Apple Macintosh					
List software programs you are qualified to use:					
3. Do you operate a printing press? ( ) Yes ( ) No					
a. If yes, describe experience:					

4. Are you experienced with any other printing production? (	) Yes ()No
a. If yes, list:	
6. Have you ever served in the U.S. Armed Forces? ( ) Yes	( ) No
a. If yes, which branch:	What years:
b. What was your job in the military?	
c. Are you currently in the Reserves or the Guard? ( ) Yes	( ) No
VIII. Salary/Hourly Rate Requirements:	
If your application receives favorable consideration. what salary	/hourly rate would you require?
\$ per	
IX. Certification:	
I authorize investigation of all statements contained in this appli sion of facts called for is cause for dismissal. I understand and a and may, regardless of the date of payment of my wages and sa notice.	agree that my employment is for no definite period,
I hereby authorize a representative of the Mobridge Tribune to cas defined in Public Law 91-508, and I understand that such a regeneral reputation, personal characteristics and mode of living. abide by, and comply with, all the rules of this organization.	eport may include information as to my character,
DATE: SIGNATURE:	
• DO NOT WRITE BELO	OW THIS LINE •
Interviewed by:	Date:
Typing test score: Other tests given:	Score:
Department:	
Job Classification:	
Date placed on payroll:	
Salarv:	