



CRST Telephone Authority

100 Main Street, PO Box 810
Eagle Butte, SD 57625

Application for Employment

Date of application _____

Position(s) applied for _____

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

Referral Source Advertisement Friend Relative Employment Agency Other

Name _____
Last First Middle

Address _____
Street Address Mailing Address City State Zip Code

Phone Number () () Cell Phone
Area Code Area Code

Social Security Number _____ Date of Birth / /
Month Day Year

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

Have you been employed here previously? 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 job requires it? Yes No

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

If yes, list name(s) _____

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

Are you a veteran of the U.S. Military Service? Yes No

If yes, what Branch of Military Service? _____

Do you have any physical, mental or medical impairment or disability that would limit your ability to perform the job that you are applying for? Yes No

If yes, 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)

List 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 Disabilities:

Government contractors are subject to Section 402 of the Vietnam 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 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/Disabled Veteran Vietnam Era Veteran

Signed: _____

Employment Experience

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

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

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	Starting	Final	
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 School	College/University	Graduate/Professional
Circle Yrs. Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Specify Course of Study and/or Degree(s) Earned:

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

Identify Honors Received:

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

Agreement

I certify that the 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 event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of CRST Telephone Authority.

Signature of Applicant

Date

Equal Employment Opportunity Employer