Application For Employment

APPLIED ENGINEERING, INC.

2008 East Highway 50 Yankton, SD 57078 605-665-4425

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

	(Pl	ease Print)				
			Date of Application			
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		Other				
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tion with us be	fore?			Yes	No	
with us before	?			Yes	No	
tives, other than	n spouse	, work here?		Yes	No	
				Yes	No	
employer?				Yes	No	
				Yes	No	
	What	is your desired salary range?	?			
Full-Time	Shift(s	s): Day Night Weekend				
Part-Time	Shift(s	s): Morning Afternoon Nig	ght Weeken	d		
Temporary	Please	indicate(start da	ate)	(e	nd date)	
' status and sub	ject to re	ecall?		Yes	No	
res it?				Yes	No	
felony within tl	he last f	ive vears?		Yes	No	
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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EDUCATIO	IN					
Are you a high s	school graduate?	Yes	No	GED		
High School Name				City		State
	Name of School, C	ity and State	Cours	e of Study	Years Completed	Type of Degree
Undergraduate College						
Graduate Professional						
Other (Specify)						
Describe any spec	cialized training, app	renticeship, ski	lls and ex	xtra-curricular	activities.	
Describe any job-	-related training recei	ved in the Unit	ted States	Military.		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

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Employer		From	mployed To	Job Duties
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Address		Hourly R	ate/Salary	
		Starting	Final	
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Reason(s) for Leaving				
Employer		Dates E	mployed	Job Duties
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Reason(s) for Leaving				
Employer		Dates F	mployed	Job Duties
		From	То	
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Reason(s) for Leaving				
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Telephone Number	Supervisor	Job Title		
Reason(s) for Leaving	<u> </u>			
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Employer		Dates E From	mployed To	Job Duties
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Address	<u> </u>	Hourly R	ate/Salary	
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Telephone Number	Supervisor	Job Title		
Reason(s) for Leaving				
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If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected

ADDITIONAL INFORMATION

Other Qualifications	S: Summarize special job-related skills and qualific	cations acquired from employment or other experiences.
SPECIALIZED SKILI	S SELECT SKILLS/EQUIP	PMENT OPERATED)
PC/MACSpreadsheetWord Processing WPM	Production/Mobile Machinery (list)	Other (list)
	ormation you feel may be helpful to us	
	NOT ANSWER THIS QUESTION UNL EMENTS OF THE JOB FOR WHICH Y	
	upation for which you have applied? A revi	ut a reasonable accommodation, the activities iew of the activities involved in such a job or
REFERENCES		
Reference Name		Telephone Number(s)
Address		
Reference Name		Telephone Number(s)
Address		
Reference Name		Telephone Number(s)
Address		

PRE-EMPLOYMENT SELF-IDENTIFICATION FORM

<u>IMPORTANT</u> – This employer is a government contractor subject to Executive Order 11246, section 503 of the Rehabilitation Act of 1973, as amended, and section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment minorities, women, qualified individuals with disabilities, disabled veterans, and veterans of the Vietnam era.

To enable us to meet government recordkeeping and reporting requirements for the administration of civil rights laws and regulations, Applied Engineering invites you to complete this personal data form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be used solely for government recordkeeping and reporting purposes and will be detached and kept in a separate, confidential file. Any information that you choose to provide will not be considered by Applied Engineering for employment purposes and will be treated as confidential. Your voluntary cooperation is appreciated.

Name:				Male Femal	e
	Last	First	MI		
Position	n Applied for:		Date:		
		o (i.e., A person of Cuban, Me rdless of race)? YesNo _		South or Cent	ral American, or other
	rhat race(s) do you co ropriate line(s).)	onsider yourself to be? (If any	of the definitions out	tlined below app	ly to you, please check
	White (Not Hispanic East, or North Africa.	or Latino) - A person having of	origins in any of the	original peoples	of Europe, the Middle
	Black or African Amo	erican (Not Hispanic or Latino) – A person having	origins in any of	the black racial groups
		Other Pacific Islander (Not Hisam, Samoa, or other Pacific Isla		A person havir	ng origins in any of the
	Southeast Asia, or th	or Latino) – A person havin ne Indian Subcontinent, includi e Philippine Islands, Thailand, ar	ng, for example, Ca		
		Alaska Native (Not Hispanic of South America (including Centra			
	Two or More Races races.	(Not Hispanic or Latino) – All	persons who identify	y with more thar	n one of the above five
You may	y inform us of your desire	to benefit under the program at this	time and/or at any time	e in the future.	
achieve women, hiring, tr	this goal, Applied Engin qualified disabled persor aining, and promoting pe ability or Vietnam Era ve	eering to provide equal employment eering is dedicated to taking affirm as, disabled veterans, and veterans rsons in all job titles, will be admin eteran status, or other protected ba	native action to emploon of the Vietnam Era. A istered without regard	y and advance in All personnel actio to race, color, reli	employment, minorities, ns, including recruitment, gion, sex, national origin,
Signatu	ıre:				

ADDITIONAL INFORMATION

I certify that answers given herein are true and complete.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event 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 employer.

Signature of Applicant	Date

	FOR	PERSONNI	EL DEPARTMENT	USE ONL	Y	
Arrange Inter	rview	Yes	No			
Remarks:						
					Interviewer	Date
Employed	Yes	No	Date of Emplo	oyment		
T 1 001/1		Hourl	ly Rate/Salary	Der	artment	
Job Title		110011	y itato/Daiai y		, ai tillollt	
Job Title	By	110011	Trace, Sulary	Bop		