

Sitting Bull School  
Little Eagle, SD, 57639  
(P) 605-823-4235  
(F) 605-823-2292

[www.sittingbull.k12.sd.us](http://www.sittingbull.k12.sd.us)

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for:

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES S <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain:

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

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Full Name:

Relationship:

Company:

Phone: ( )

Address:

**Previous Employment**

Company:

Phone: ( )

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

YES

NO

May we contact your previous supervisor for a reference?

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Company:

Phone: ( )

Address:

Supervisor:

Job Title:

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

YES

NO

May we contact your previous supervisor for a reference?

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Company:

Phone: ( )

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

YES

NO

May we contact your previous supervisor for a reference?

**Military Service**

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

**Disclaimer and Signature**

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_