

Riss & Associates Cabinets & Casework

4955 API Road, Black Hawk, S.D. 57718

PLEASE COMPLETE ENTIRE APPLICATION. APPLICATIONS WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT & SIGNED.

Personal Data: (Please Print or Type)

<u>Last Name:</u>	<u>First Name</u>	<u>Middle Initial</u>	Today's Date
-------------------	-------------------	-----------------------	--------------

Current Mailing Address:

Physical Address:

City: _____ State: _____ Zip: _____

Social Security Number:

Age <i>if</i> under 18	<u>Home Phone Number:</u>	<u>Office phone/Message phone</u>
	Area Code: _____ Phone: _____	Area Code: _____ Phone: _____

Position(s) Desired: _____ Date Available: _____

1 _____ 2 _____

Desired Work Schedule: Status:

<input type="checkbox"/>	40 hours/week	<input type="checkbox"/>	Regular
<input type="checkbox"/>	29-39 hrs/week	<input type="checkbox"/>	Temporary
<input type="checkbox"/>	Less than 20 hours/week	<input type="checkbox"/>	Part-Time Part-time

Do you have any restrictions on the days of the week or hours you can work which require Accommodation?

Yes, if yes please explain: _____

No

Job Skills: Do you have experience operating any of the following equipment?

Forklift	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	List Type(s) of Power Equipment:
Mill Equipment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Personal Computer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Power Equipment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Current Driver's License?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Have you ever been convicted of a crime, had adjudication of a crime withheld or pled "no contender" to a crime other than minor traffic violations? Yes No If yes, please list date and nature of offense.

The conviction will only be considered if substantially related to the circumstances of the position.(Attach additional sheets if nec.)

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? If yes, please explain if you wish.

Yes No

Have you applied to or been employed by this company in the past?

Yes No If yes, please indicate dates and position held.

Education:	Name:	Location (city-state)	Major	Graduated	Degree Earned
				Yes No	
High School				<input type="checkbox"/> <input type="checkbox"/>	
College, University				<input type="checkbox"/> <input type="checkbox"/>	
or Technical School				<input type="checkbox"/> <input type="checkbox"/>	

Other relevant training

CDL Licensed Drivers complete the following section:

In which state(s):	Expiration Date

WORK EXPERIENCE: (list present position first) You may attach resume with application.

Company Name:	Exact Title of your Position:
---------------	-------------------------------

Address:	Supervisor Name&Title
Phone Number: area Code: No.	

Reason for Leaving:	Name worked under if different from one on front page.	Dates employed
		From: To: mo. yr.

Description of Duties:	May we contact?
	Salary: Full time:
	Hr. Part time:
	Yrly. Hrs. per week.

Company Name:	Exact Title of your Position:
---------------	-------------------------------

Address:	Supervisor Name&Title
Phone Number: area code: No.	

Reason for Leaving:	Name worked under if different from one on front page.	Dates employed
		From: To: mo. yr.

Description of Duties:	May we contact?
	Salary: Full time:
	Hr. Part time:
	Yrly. Hrs. per week.

Company Name:	Exact Title of your Position:
---------------	-------------------------------

Address:	Supervisor Name&Title
Phone Number: area Code: No.	

Reason for Leaving:	Name worked under if different from one on front page.	Dates employed
		From: To: mo. yr.

Description of Duties:	May we contact?
	Salary: Full time:
	Hr. Part time:
	Yrly. Hrs. per week.

Work Related References (other than immediate Supervisor)

Name and Occupation	Address	Telephone Number

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. I understand that this is a Drug-Free Workplace that participates in random Drug testing of the employees

Signature: _____ Date: _____