



Riss & Associates Cabinets & Casework
 4955 API Rd, Black Hawk, SD 57718
 605-718-5080 || RissAndAssociates.com

Applications will not be processed unless completed filled out & signed.

Last Name	First Name	MI	Today's Date
Current Mailing Address:			
Physical Address:			
City	State	Zip	
Phone	Age <i>if under</i> 18	Other names used	
Position(s) Desired <input type="checkbox"/> Counters <input type="checkbox"/> Cabinets <input type="checkbox"/> Paint/Stain <input type="checkbox"/> Drafting <input type="checkbox"/> Sales <input type="checkbox"/> Machine Operator <input type="checkbox"/> Any			
Do you have any restrictions from Monday - Friday or hours you can work which require Accomodation? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			

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

Forklift <input type="checkbox"/> Yes <input type="checkbox"/> No Mill Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No Power Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Current Driver's Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s) of power equipment:
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? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list date and nature of offense.	
This conviction will only be considered if substantially related tot he circumstances of the position. (Attach additional sheets if necessary.)	
Is there anything that would prevent you from performing in a reasonable and safe manner for the activities involved in the position for which you have applied? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:	
Have you worked for Riss & Associates in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes, dates:	

Education Please list the highest education you have completed.

School	Location	Major	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Other relevent training				

CDL

In which state(s):	Expiration Date
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Work Experience List present or most recent position first. You may attach resume with application.

Company Name	Address	Phone	Supervisor Name
Title of your position		Supervisor Name & Title	Dates Employed
Reason for leaving		Ending Pay	Hours per week
Description of duties:			

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Title of your position		Supervisor Name & Title	Dates Employed
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Description of duties:			

Work Related References (other than supervisor)

Name & 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: _____