



Dakota Lions Sight & Health

Eye and Tissue Donation

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE				Today's Date: _____	
First Name	M.I.	Last Name	Preferred Name/Nickname		
Street Address	Apt #	City	State	Zip	
Home Phone	Alternate Phone		Email Address		

PLEASE CHECK THE BOXES FOR YOUR RESPONSE OR FILL IN THE APPROPRIATE INFORMATION					
Are you interested in:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Per Diem		
What schedule are you available to work?	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	
How did you hear about the position?	<input type="checkbox"/> Classified Ad	<input type="checkbox"/> Person: (name) _____	<input type="checkbox"/> Radio	<input type="checkbox"/> Internet	
Desired Pay:	Hourly Minimum: _____	Annual Minimum: _____	Annual Desired: _____		
When are you able to start work? (date):	_____				
In what local area do you prefer to work?	<input type="checkbox"/> Sioux Falls	<input type="checkbox"/> Rapid City	<input type="checkbox"/> Bismarck	<input type="checkbox"/> Fargo	<input type="checkbox"/> Other: _____
Desired Position:	_____				

PLEASE CHECK YES OR NO TO THE FOLLOWING					
Are you authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Dakota Lions Sight & Health will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.					
Are you under 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, can you furnish a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?	<input type="checkbox"/> Yes				<input type="checkbox"/> No

Dakota Lions Sight & Health (DLSH) is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, DLSH complies with applicable state and local laws governing nondiscrimination in employment in every jurisdiction in which it maintains facilities. DLSH also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

**LIST YOUR WORK EXPERIENCE BELOW
BEGIN WITH THE MOST RECENT POSITION**

	<hr/> Company Name	<hr/> Your Position / Title		
From	<hr/> Company Street Address	<hr/> Supervisor's Name / Title		
<hr/> ___/___ Mo. / Year	<hr/> City	<hr/> State	<hr/> Zip	<hr/> Supervisor's Telephone Number
To	<hr/> Company Phone #	\$ <hr/> Starting Pay	\$ <hr/> Ending Pay	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Termination (if not still employed)
<hr/> ___/___ Mo. / Year				
<hr/> Describe your <u>major duties</u> and <u>reason(s) for leaving</u>				

	<hr/> Company Name	<hr/> Your Position / Title		
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To	<hr/> Company Phone #	\$ <hr/> Starting Pay	\$ <hr/> Ending Pay	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Termination (if not still employed)
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To	<hr/> Company Phone #	\$ <hr/> Starting Pay	\$ <hr/> Ending Pay	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Termination (if not still employed)
<hr/> ___/___ Mo. / Year				
<hr/> Describe your <u>major duties</u> and <u>reason(s) for leaving</u>				

ADDITIONAL INFORMATION

Account for all unemployed periods of time, three months or more, between positions held or after school

/ Mo. / Year From	/ Mo. / Year To	How did you spend this time?
/ Mo. / Year From	/ Mo. / Year To	How did you spend this time?

EDUCATION

Name of School and City/State	Course of Study	Did you Graduate	Type of Degree / Diploma
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL DESIGNATIONS

Designation	Granting Organization	Date Obtained

PROFESSIONAL REFERENCES
PLEASE LIST THREE – NOT RELATIVES / CLOSE FRIENDS

Name	Relationship	Company	Phone Number

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

In the last seven (7) years, have you been convicted of or have you plead guilty to any felony or misdemeanor?
Disregard any minor traffic offenses and convictions which have been sealed, impounded, erased, or expunged.

Yes No

If yes, describe below:

Note: Other factors will be taken into account, such as the nature of the offense, the time that has passed since the conviction, and the type of job being sought. Further, this information will be used only for job-related purposes and only to the extent permitted by applicable law.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached application to Dakota Lions Sight & Health for the purpose of obtaining employment. I acknowledge that the use of this application, and my completion of the application, does not indicate that any positions are open nor does it obligate Dakota Lions Sight & Health to take any further action.

My signature below attests to the fact that the information I have provided on this application, or submitted through a resume, verbal communications, or other materials, is true and complete to the best of my knowledge. I also give consent for Dakota Lions Sight & Health to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume, or other materials, or during any interviews, may be justification for refusal of employment, or if employed, termination of such employment.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with Dakota Lions Sight & Health for the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

Signature

Date