

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION APPLICANT REGISTRATION

This information will be used to match your qualifications to job openings. All information on this form is voluntary and will be kept confidential. The information will be used in accordance with all applicable regulations.

For Office Use only
Employment Representative:

PLEASE PRINT DO NOT COMPLETE SHADED AREAS

SSN _____ - _____ - _____ Registration Date ____/____/_____
(MM/DD/YYYY format)

NAME: (First) _____ (MI) _____ (Last Name) _____

Physical Address: (Street) _____ Mailing Address: (Street) _____
City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Telephone Number: (____) ____ - ____ Extension: ____
Message Phone Number: (____) ____ - ____ Extension: ____

Date of Birth: ____/____/____ Gender: __ Male __ Female Are you a U.S. Citizen? __ Yes __ No
Alien Registration Number: # _____

Ethnicity: Hispanic/Latino ? Yes No

Race: (Check all those that apply) American Indian/Alaska Native Asian Black/African American
 Hawaiian Native/Other Pacific Islander White Other

Circle Highest Grade Completed: Elementary High School College Post Secondary Certificate Post Secondary Degree
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Yes No (detail below) AD BD MD PD

Describe any schooling or training you have taken, include military. List name of school, course work, length, certificate, license or degree received, if any: _____

Employment Status: Employed Unemployed, non-claimant Unemployed, UI Claimant
TANF Yes No FS Yes No Farmworker Migrant Farmworker Migrant Food Processor
Dislocated Worker? Yes No WOTC Eligible Yes No Expiration Date: _____

Please answer the following questions:

Have you been employed in farmwork in the past 12 months excluding self-employed or working for your parents? Yes No

Are you still in school? Yes No

Family Income for the last six months? \$ _____

Number of family members? _____

Are you currently employed? Yes No

Are you willing to accept commission wages? Yes No

Are you willing to have your resume shared with employers over the internet? Yes No

Do you have a disability or medical problem? Yes No

Do you type? Yes No If yes, WPM: _____

Driver's License Information

If needed for work, do you have a Driver's License? Yes No From what State? _____

Check your type of driver's license: Class 1 Regular Class 1/Motorcycle Motorcycle Only Class A- Comb Vehicle >10,000 gwvr
 Class B - Single Vehicle > 26,000 gwvr Class C- Commercial < 26,000 (need H, X or P endorsement)

Check any endorsements you may have: Double/Triple Trailer Passengers Tank Vehicles Hazardous Materials
 Combination Tank and Hazardous School Bus

Military Service: (For Veterans Only)

Veterans Status: None Self Spouse

Please answer the following questions:

Are you still on active duty and don't expect to be discharged within 90 days? Yes No

Only Served as National Guard or Reservist? Yes No

Activated during a period of war or in a campaign which a campaign badge was issued? Yes No

Discharged from Active Duty or expect to be discharged within the next 90 days (Honorable)? Yes No

Dates of Active Military Services: From: ____/____/____ to ____/____/____

List any Campaign Badges you may have: _____

Do you have a service connected disability? Yes No If yes, list the percent of disability: _____%

Desired Employment

Objective statement: _____

Minimum Salary Desired: \$ _____ per (circle one) hour day week month year other

Jobs Desired: 1st Choice: _____ Months Experience: _____ Last Year Worked: _____

2nd Choice: _____ Months Experience: _____ Last Year Worked: _____

3rd Choice: _____ Months Experience: _____ Last Year Worked: _____

Availability

Check all that apply.

SSN _____ - _____ - _____

Days of the Week: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Shifts Available: Any Day Swing Graveyard Rotating Split

Hours Willing to Work Per Week: Full-time (30 hours or more per week) Part-time (less than 30 hours per week)

Duration of Employment: 1-3 Days/Temporary 4-150 Days/Seasonal Over 150 Days/Permanent

Are you willing to accept a job anywhere in South Dakota? Yes No **Nationwide?** Yes No

If willing to relocate in South Dakota, list the counties you are willing to work in: _____

Employment History

Beginning with your present or most recent employer (including military), list the longest and most important jobs you have held. List main duties and assignments, tools, or equipment used, etc. List specific skills (example: machines operated, software used.)

(Job One)

Company Name: _____ **Job Title:** _____ **Start Date:** ___/___/___

City: _____ **State:** _____ **Ending Date:** ___/___/___

Salary: \$ _____ per (circle one) Hour Day Week Month Year Other

Reason for Leaving: Company Relocated Family Care Issues Incarcerated Job Ended Lack of Work Laid-off/Closure/Substantial layoff
 Laid-off/Unlikely to return Left Due to Medical/Health Issues Maternity/Child Care Issues Military Discharge Moved out of area
 New Job Promoted Quit Retired Returned to school Self-Employed Still Employed Strike Terminated/Fired Transferred

Job Description: _____

Specific Job Duties: _____

(Job Two)

Company Name: _____ **Job Title:** _____ **Start Date:** ___/___/___

City: _____ **State:** _____ **Ending Date:** ___/___/___

Salary: \$ _____ per (circle one) Hour Day Week Month Year Other

Reason for Leaving: Company Relocated Family Care Issues Incarcerated Job Ended Lack of Work Laid-off/Closure/Substantial layoff
 Laid-off/Unlikely to return Left Due to Medical/Health Issues Maternity/Child Care Issues Military Discharge Moved out of area
 New Job Promoted Quit Retired Returned to school Self-Employed Still Employed Strike Terminated/Fired Transferred

Job Description: _____

Specific Job Duties: _____

(Job Three)

Company Name: _____ **Job Title:** _____ **Start Date:** ___/___/___

City: _____ **State:** _____ **Ending Date:** ___/___/___

Salary: \$ _____ per (circle one) Hour Day Week Month Year Other

Reason for Leaving: Company Relocated Family Care Issues Incarcerated Job Ended Lack of Work Laid-off/Closure/Substantial layoff
 Laid-off/Unlikely to return Left Due to Medical/Health Issues Maternity/Child Care Issues Military Discharge Moved out of area
 New Job Promoted Quit Retired Returned to school Self-Employed Still Employed Strike Terminated/Fired Transferred

Job Description: _____

Specific Job Duties: _____

List other types of employment not listed above, duration and dates of employment:

List other skills specific to employment, machinery operated, office equipment used, applicable hobbies etc.: _____
