

EMPLOYMENT APPLICATION



VALLEY 509 Washington St.
Ag Supply P.O. Box 221
 Inc. Gayville, SD 57031
 605-267-3100



VALLEY 47261 SD Hwy 48
Ag Supply Elk Point, SD 57025
 Inc. 605-761-1001
Spinkle

Name _____ Date of application: _____
 Address _____ Date of birth _____

 Zip Code _____
 Phone _____ Other phone _____
 Soc Sec. No. _____
 Next of Kin: _____ Contact #: _____

Are you legally eligible for employment in this country?

YES NO

Type of employment desired? _____ Date available for work? _____

Have you been convicted of a crime in the last seven (7) years? YES NO

If yes, please explain. _____

Drivers license number _____

Any driving violations? YES NO

If yes, please explain.

WORK EXPERIENCE			
From:			
Job Title:	To:	Employer:	Phone:
Supervisor/Title:		Address:	
Reason for leaving:		Job Responsibilities:	

From:			
Job Title:	To:	Employer:	Phone:
Supervisor/Title:		Address:	
Reason for leaving:		Job Responsibilities:	

From:			
Job Title:	To:	Employer:	Phone:
Supervisor/Title:		Address:	
Reason for leaving:		Job Responsibilities:	

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Record of Education (If job related)

Yrs Compl

Did you graduate:

Courses of study

High school:

College:			
Other:			

References:

Name

Phone

Years Known

To be completed by all applicants - Please read carefully before signing

I certify that the information in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions made by me on this application or any supplement thereto, will be sufficient grounds for rejection of this application or discharge after employment.

I give the employer the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is Valley Ag Supply's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I'm hired, I will be required to provide proof of identity and legal work authorization (via the I-9 form).

I also understand that my employer will report my name to the new hire reporting center for the state of South Dakota, as is legal procedure.

Your signature acknowledges you have read and agree to the material above.

Applicant's signature: _____ Date: _____

For Office Use Only:

New Hire Reporting	
W4	
For drivers: Drivers file	
I9	
Pre-employment Drug Test	