



MACKSTEEL

WAREHOUSE, INC.

415 20th Avenue SE (S. Hwy 81)

Watertown, SD 57201

Phone: (605) 882-2177

Fax: (605) 882-2980

GENERAL INFORMATION

NAME

SOCIAL SECURITY #

ADDRESS

TELEPHONE #

MESSAGE PHONE

JOB INTEREST

POSITION APPLYING FOR

DATE AVAILABLE

SALARY DESIRED

FULL TIME

PART TIME

OTHER

EDUCATION AND TRAINING

HIGH SCHOOL
NAME

CITY, STATE

DID YOU GRADUATE?

RECEIVE A GED?

COLLEGE OR UNIVERSITY
NAME

CITY, STATE

DATES OF ATTENDANCE

DEGREE OR DIPLOMA RECEIVED

FIELD (S) OF STUDY

OTHER EDUCATION AND/OR TRAINING
NAME

CITY, STATE

DATES OF ATTENDANCE

FIELD OF STUDY (S)

PERSONAL BACKGROUND

ARE YOU ABLE TO WORK LEGALLY IN THE UNITED STATES? YES ___ NO ___

DO YOU HAVE A VALID SD DRIVER'S LICENSE? YES ___ NO ___

WILL YOU ADHERE TO A SMOKE FREE ENVIRONMENT? YES ___ NO ___

LIST ANY RELATIVES EMPLOYED AT MACKSTEEL _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MINOR TRAFFIC VIOLATION? IF SO PLEASE PROVIDE COMPLETE DETAILS, INCLUDING DATES OF CONVICTION, INCARCERATION, AND DISPOSITION. CONVICTION OF A CRIME IS NOT AN ABSOLUTE BAR TO EMPLOYMENT. ALL RELEVANT CIRCUMSTANCES WILL BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS. YES ___ NO ___ IF YES, WHEN AND WHERE?

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING AS DESCRIBED OR DEMONSTRATED TO YOU WITH OR WITHOUT ACCOMMODATIONS? IF ANY ACCOMMODATIONS ARE NECESSARY FOR YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, PLEASE DESCRIBE THEM

**EMPLOYMENT HISTORY AND SPECIAL SKILLS
PLEASE LIST YOUR LAST THREE PLACES OF EMPLOYMENT**

| PRESENT OR LAST EMPLOYER | | POSITION HELD | |
|--------------------------|-------------|---------------|------------|
| ADDRESS | CITY, STATE | PHONE # | |
| EMPLOYED FROM | TO | SALARY | SUPERVISOR |
| REASON FOR LEAVING | | | |

| EMPLOYER | | POSITION HELD | |
|--------------------|-------------|---------------|------------|
| ADDRESS | CITY, STATE | PHONE # | |
| EMPLOYED FROM | TO | SALARY | SUPERVISOR |
| REASON FOR LEAVING | | | |

| EMPLOYER | | POSITION HELD | |
|--------------------|-------------|---------------|------------|
| ADDRESS | CITY, STATE | PHONE # | |
| EMPLOYED FROM | TO | SALARY | SUPERVISOR |
| REASON FOR LEAVING | | | |

LIST ANY SPECIAL EQUIPMENT YOU CAN OPERATE RELATED TO EMPLOYMENT

PERSONAL REFERENCES

| | | | |
|----|------|---------|-------|
| 1. | NAME | ADDRESS | PHONE |
| 2. | NAME | ADDRESS | PHONE |
| 3. | NAME | ADDRESS | PHONE |

PLEASE READ CAREFULLY

I understand that this is an application for employment and that no employment contract is being offered to me. I certify that this application was completed by me, and all entries are true and complete to the best of my knowledge. I understand that any misstatement, omission, falsification, or misrepresentation in this application may disqualify me from consideration for employment or result in disciplinary action up to and including discharge from my employment, if hired. I authorize Macksteel to contact any of my previous employers, agencies, references, or other consumer reporting agencies. If hired I agree to conform to the rules and regulations of Macksteel including drug and alcohol policies currently in place or added in the future. I understand that any such employment is at will and can be terminated at any time, with or without notice or cause, at the option of Macksteel or myself. Macksteel reserves the right to change any of the terms and conditions of my employment, if I am hired. I have read and understand the above. Macksteel is an equal opportunity employer.

SIGNATURE OF APPLICANT _____ **DATE** _____