



Job Application

Adult Day Center of the Black Hills

4110 Winfield Ct, Rapid City, SD 57701

605-791-0436

Adult Day Center, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the applicant process, he or she should contact a company representative.

Please fill out all the sections below:

Applicant Information:

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position:

Position(s) Applying for:

How did you hear about this position? _____

On what date can you start working if you are hired? _____

Personal Information:

Are you a U.S. Citizen or approved to work in the United States? Yes No

What document(s) can you provide as proof of citizenship or legal status?

Job Skills/Qualifications:

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Adult Day Center of the Black Hills, LLC complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? Yes No

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment:

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates: Employed: _____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates: Employed: _____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates: Employed: _____

Reason for Leaving: _____

At-Will Employment:

The relationship between you and the Adult Day Center of the Black Hills, LLC, is referred to as "Employment at Will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Adult Day Center of the Black Hills, LLC. No representative of Adult Day Center, LLC has authority to enter into any agreement contrary to the foregoing "Employment at Will" relationship. You understand that your employment is "At Will," and no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Director or CEO.

Applicant Signature: _____ Dated: _____