



430 Main St
Rapid City SD 57701
Phone: (605) 342-3822



1825 Haines Ave.
Rapid City SD 57701
Phone: (605) 519-6299



2525 Haines Avenue
Rapid City SD 57701
Phone: (605) 721-3339

APPLICATION FOR EMPLOYMENT

Application must be completed fully and legibly (even if attaching a resume) to receive full consideration for employment

P E R S O N A L	(Full Name as it appears on Social Security Card or other official documentation)		Today's Date
	Last Name	First Middle	
	Street Address		Best time to reach you
	City, State, Zip		Home Phone () -
	County		Cell Phone () -
	Have you worked for a Freed's Company before? Yes () No () If yes, date when employed _____ What location? _____ Your name when employed, if different from above _____		E-mail Address
	Position you are applying for		Pay expected \$ _____ Per Hour _____
	I am available and desire to work () Full-time () Part-time () Temporary Reason () Student () Other Job () Other (explain) _____		Have you ever applied here? Yes () No () If yes, when _____
	Do you have reliable transportation to work?		Will you work overtime if asked? Yes () No ()
	Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States () Yes () No		Available to begin work on?
How did you learn of our company or job opening?		State age, <u>if under 18</u>	

EMPLOYMENT

Give accurate, legible, complete full-time and part-time employment record. Start with present or most recent employer

1	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	
2	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

EMPLOYMENT (Cont.)

3	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

4	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

5	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

6	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

*If you wish to describe additional work experience attach the above information for each position on a separate piece of paper.

Explain all gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain _____

We may contact the employers listed above unless you indicate those you do not want us to contact	<u>DO NOT CONTACT</u>
	Employer Number (s) _____
	Reason: _____

EXPERIENCE AND QUALIFICATIONS

*INDICATE TRAINING AND SHOW EXPERIENCE **OTHER THAN HIGH SCHOOL**, IN THE FOLLOWING:

SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE		SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE
Forklift				Word Processing		
Scanner				Visual Basic		
Hand Cart				Spreadsheet		
24' Truck				Internet		
Other				E-mail		
				Phone System		
				Fax Machine		
				10-Key		

State any additional information you feel may be helpful to us in considering your application.

E D U C A T I O N		High School	College/University/Vocational	Other
	School Name and Location			
	Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
	Diploma Degree			
	Describe Course of Study			
	Describe any specialized training, apprenticeship, skills and extra curricular activities			
	Describe any honors you have received			
	State any additional education you feel may be helpful to us in considering your application			
Licenses and Certifications; Professional Memberships				

We want to thank you for taking the time to provide us information about yourself, and we want to assure you that your application will be considered very carefully.

If your qualifications match our needs, we will contact you by phone to schedule an interview.

FOR APPLICANT USE

DRUG SCREENING IS CONDUCTED AT THIS FACILITY. ALL OFFERS OF EMPLOYMENT ARE CONTINGENT ON THE RESULTS OF THIS TEST.

I, _____, hereby give my consent to Freed's Fine Furnishings, Inc. to collect the following samples from me upon my acceptance of a conditional offer of employment.

-Urine test for substance abuse or chemical dependency.

I understand that if I decline to sign this consent and thereby decline to take the test, the medical examination will not be completed. The Human Resource Department will be so notified and the conditional offer of employment will be withdrawn.

If the test is confirmed as positive, the results will be reported to the Human Resources Department and the conditional offer of employment will be withdrawn. Tampering with or purposefully diluting a sample will also cause a conditional offer of employment to be withdrawn. An exception will be made for the legally prescribed medications taken under the direction of a physician if disclosed prior to the test of the sample.

My signature below indicates that I consent to the substance abuse testing as outlined above.

Date _____

Applicant's Signature _____

AUTHORIZATION AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize Freed's to request and obtain from any previous employer, person, firm, corporation, school or governmental agency, its officers, employees or agents, information concerning my past employment ("employment information"). In addition, I voluntarily and knowingly authorize such former employers, persons, firms, schools or governmental agencies, their officers, employees or agents, or any other person or entity making a written or oral request related to employment information, to provide such employment information requested back to Freed's for the purposes of their determining my suitability for employment. I understand that at the employment information may include, but is not necessarily limited to, performance evaluations and reports, job description, disciplinary reports, letter of reprimand, and opinions regarding my suitability for employment.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless Freed's such former employer, person, firm, cooperation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, action damages, or costs, including attorneys' fees, present or future, whether known or unknown, anticipated, arising from or incidental to the request for, disclosure or release of any information of opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure or derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

If selected for a position, I understand that my employment at a Freed's company is "At Will" and that Freed's, Inc. has the right to terminate my employment, with or without cause, and with no prior notice. As an employee I can also terminate my employment with Freed's "At Will", with or without cause and with no prior notice.

I understand while employed by Freed's that if I am promoted, the "At Will" policy will be retained.

Signature of Applicant _____

Date _____

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

INTERVIEWER NOTES AND COMMENTS

Hired Y____ N____

Date of Job Offer _____

Drug Test Y____ Date: _____

Orientation Start Date _____

Human Resources Representative _____

Req# _____

Position _____

Shift _____

Pay \$ _____