

**Elegant Xpressions Btq**  
**Managers/ Owners/ Hiring Personell**  
**The Bridges at 57th~**  
**5015 S. Western Ave**  
**Sioux Falls, SD 57108**  
**Phone (605)362-9911 Fax (605)362-9922**

# APPLICATION FOR EMPLOYMENT

Please remember to sign and date your application form before returning it to Human Resources.

*Please Type or Print in Ink*

NAME: <span style="float:right">Last</span> <span style="float:right">First</span> <span style="float:right">M.I.</span>				
ADDRESS:		CITY:	STATE AND ZIP CODE:	
HOME PHONE:	WORK PHONE:	HOW WERE YOU REFERRED TO ELEGANT XPRESSIONS BTQ?		
EMPLOYED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE AND WHEN?				
POSITION(S) APPLIED FOR:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME/ # HOURS/WEEK _____ <input type="checkbox"/> FULL OR PART TIME <input type="checkbox"/> WEEKENDS	HOURS YOU ARE AVAILABLE TO WORK: <input type="checkbox"/> DAY SHIFT _____ a.m. to _____ p.m. <input type="checkbox"/> EVENING _____ p.m. to _____ p.m. <input type="checkbox"/> NIGHT _____ p.m. to _____ a.m.		
<b>EDUCATION</b>				
NAME AND LOCATION OF HIGH SCHOOL:		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIVE G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF NO, OR STILL ATTENDING, HIGHEST GRADE COMPLETED:				
NAME & LOCATION OF COLLEGE, TECHNICAL, GRADUATE SCHOOL:	MAJOR:	DEGREE:	DATE CONFERRED:	
COMPUTER SKILLS & ABILITIES (SYSTEMS, SOFTWARE, ETC.):				
OTHER COURSES, TRAINING, EDUCATION:				
U. S. MILITARY: BRANCH:	FROM:	TO:	TRAINING OR SPECIALTY:	
<b>CLERICAL APPLICANTS ONLY:</b> TYPING: _____WPM SHORTHAND: _____WPM <input type="checkbox"/> ABILITY TO USE AUTOMATED DICTATION EQUIPMENT OTHER OFFICE EQUIPMENT:	<b>IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES A DRIVER'S LICENSE,</b> DO YOU POSSESS A LEGAL AND CURRENT DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE CLASS: <input type="checkbox"/> 1. CAR OR LIGHT DUTY TRUCK <input type="checkbox"/> 2. & 3. TRUCKS <input type="checkbox"/> 4. SCHOOL BUS <input type="checkbox"/> 5. MOTOR CYCLE			
<b>PROFESSIONAL LICENSES, CERTIFICATIONS, REGISTRATIONS:</b>				
TYPE:	ISSUED BY:	NUMBER:	DATE:	EXPIRES:
HAVE YOUR PROFESSIONAL LICENSES, CERTIFICATES, OR REGISTRATIONS EVER BEEN SUSPENDED, REVOKED, OR PLACED ON PROBATION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN FULLY:				

Elegant Xpressions Btq is committed to providing equal employment opportunities for all persons with out regard to race, color, religion, sex, age, national origin, sexual orientation, disability or veteran status. The University is additionally committed to affirmative action and will take positive steps to provide equal employment opportunities.

LIST PAST EMPLOYERS WITH THE PRESENT OR MOST RECENT LISTED FIRST (ATTACH ADDITIONAL SHEETS OR RESUME IF NECESSARY):

DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS:  MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO  SUPERVISOR:  TELEPHONE NUMBER:	YOUR OCCUPATION:  DESCRIPTION OF DUTIES:  REASON FOR LEAVING:
DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS:  MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO  SUPERVISOR:  TELEPHONE NUMBER:	YOUR OCCUPATION:  DESCRIPTION OF DUTIES:  REASON FOR LEAVING:
DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS:  MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO  SUPERVISOR:  TELEPHONE NUMBER:	YOUR OCCUPATION:  DESCRIPTION OF DUTIES:  REASON FOR LEAVING:
DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS:  MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO  SUPERVISOR:  TELEPHONE NUMBER:	YOUR OCCUPATION:  DESCRIPTION OF DUTIES:  REASON FOR LEAVING:

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT?  NO  YES IF YES, EXPLAIN FULLY:

\*HAVE YOU EVER BEEN CONVICTED OF A FELONY?  
 NO  YES OFFENSE:

DATE:

**\*THIS INFORMATION WILL BE CONSIDERED BASED ON THE NATURE & RECENTNESS OF THE OFFENSE & WILL NOT NECESSARILY DISQUALIFY YOU.**

### REFERENCES

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN EVALUATE YOUR WORK PERFORMANCE:

NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:	TELEPHONE:
OCCUPATION:	OCCUPATION:	OCCUPATION:

**INCLUDE ANY COMMENTS OR ADDITIONAL INFORMATION THAT MAY BE RELEVANT TO THE POSITION(S) FOR WHICH YOU HAVE APPLIED ON ADDITIONAL SHEETS.**

I certify that the information provided on this application is accurate and complete. I understand that falsification of this application is subject to immediate termination or Elegant Xpression Btq's refusal to employ. I understand that employment at Elegant Xpressions Btq is subject to verification of all information provided. All previous employers and/or references, unless noted otherwise in this application, may give any information regarding my employment to Elegant Xpressions Btq and are hereby released from any liability which may arise. Nothing in this application creates an offer of employment, an employment contract, or other contract of any type. I understand that all offers of employment are made in writing exclusively by the Human Resources Department at Elegant Xpressions Btq.

**SIGNATURE:**

**DATE:**

IS ANY ADDITIONAL INFORMATION RELATIVE TO YOUR NAME NECESSARY TO ENABLE A CHECK OF YOUR EMPLOYMENT RECORD?  NO  YES

IF YES, LIST OTHER NAMES USED : \_\_\_\_\_