



APPLICATION FOR AT WILL EMPLOYMENT

700 21st Street SW
PO Box 210
Watertown, SD 57201
605-882-2244 * Fax 605-882-3521

1001 SW 1st Street
PO Box 454
Madison, SD 57042
605-256-0656 * Fax 605-256-0676

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Social Security Number _____ Telephone _____

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

E-mail Address _____

Give the name(s) of any relatives currently employed by Persona or Midcom _____

Referred Source (if any) _____

Have you ever worked or attended school under a different name? Yes No If yes, give name(s) _____

EMPLOYMENT DESIRED

1st Shift 2nd Shift 3rd Shift Weekend

Regular Temporary Summer Work Part-time

Position _____ Date you can start _____

Are you employed now? If so, may we contact your employer?

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule other than Monday through Friday. I understand and accept these as conditions of employment.

EDUCATION/TRAINING

	Name and Location of School	Select Last Year Completed	Did you Graduate?	Subjects Studied and Degree(s) Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other special training you have received _____
Training Place Date

_____ Training Place Date
_____ Training Place Date

Are you an Armed Forces Veteran?

EMPLOYMENT RECORD

Have you previously been employed at Midcom or Persona? _____ Which company? _____

Date of employment _____

Position _____

List below your last four employers, starting with most recent or current position.

Date: Month and Year	Name and Address of Employer	Salary	Duties of Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

Below give the names of three of the **above employers** whom we may contact.

1. _____
Employer/Supervisor _____ Company _____ Telephone _____
2. _____
Employer/Supervisor _____ Company _____ Telephone _____
3. _____
Employer/Supervisor _____ Company _____ Telephone _____

PERSONAL RECORD

I hereby consent to a medical exam as requested by Persona, Inc. as a condition of potential or continuing employment.

Another number at which I may be reached: Name _____ Phone _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice.

Date _____ Signature _____