



Rescue Mission

Cornerstone Rescue Mission
Administrative Office
401 11th Street, Rapid City, SD 57701
605-718-8712

Employment Application

Instructions: Please print clearly in black or blue ink, answer all questions and sign and date the form.

Personal Information:

Name: First Middle Initial Last

Preferred Name: Are you eligible to work in the United States?

Street Address:

City: State: Zip Code:

Home Phone: Cell / Message Phone:

Email Address:

Have you been convicted of or pleaded no contest to a felony within the last five years?

If yes, please explain:

Do you have a valid driver's license? No Yes (State issuing license:)

Education:

High School: City/State:

Last grade level completed: Graduation Date:

Vocational / University: City/State:

Years Completed; Graduation Date: Certificate /Degree

Employment History:

1. Present or Last Position: Dates: to

Employer: Supervisor:

Address, City, State, Zip Code:

Daytime Phone #: Salary: \$ Hourly Annual

Responsibilities:

Reason for Leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

2. Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Salary: \$ \_\_\_\_\_     Hourly     Annual

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

3. Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Salary: \$ \_\_\_\_\_     Hourly     Annual

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

**Desired Position and Availability:**

Position you are applying for: \_\_\_\_\_

How did you hear of this position? \_\_\_\_\_

How many hours are you available to work per week? \_\_\_\_\_

Are you available to work day shifts possibly between the hours of 7 AM and 5:00 PM?     Yes     No

Are you available to work evening shifts possibly until 10:00 PM?     Yes     No

Are you available to work night shifts possibly between the hours of 11 PM and 7:00 AM?     Yes     No

Are you available to work rotating shifts?     Yes     No

Are you available to work holidays?     Yes     No

Are you available to work weekends?     Yes     No

If you were hired, what date would you be available to start work? \_\_\_\_\_

Describe special skills or qualifications you believe would be an asset in the position for which you are applying:

\_\_\_\_\_

Certificates or licenses you possess: \_\_\_\_\_

\_\_\_\_\_

Specialized Training, you have completed; \_\_\_\_\_

\_\_\_\_\_

Awards you have received: \_\_\_\_\_

\_\_\_\_\_

Describe your knowledge of computers/internet/email: \_\_\_\_\_

\_\_\_\_\_

**References:**

Please list three references—two being individuals that have knowledge of your work history/ability.

1. Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

3. Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

Please describe any volunteer experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you applying for this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information or comments you would like to submit with this application:

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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Employment Application Background Check Permission

As a Christian organization that ministers to some of the most vulnerable people in our community, we have a responsibility to screen job applicants prior to making a hiring decision. Therefore, we request the following information to assist us with this process. The information you provide will be handled confidentially.

I give permission to the designated Cornerstone official to conduct a background screening:

- Prior to an interview       following an interview       not at this time

Your Current Name (Please Print): \_\_\_\_\_

Names Previously Used (Please Print): \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other places you have lived:

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Any convictions that may be indicated on your record:

Felony / Misdemeanor \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date