

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

# Kadoka Nursing Home

This institution is an equal opportunity provider, and employer.

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*Mailing Address if different*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Pay: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_



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

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

Kadoka Nursing Home  
605 Maple Street  
P.O. Box 310  
Kadoka, South Dakota 57543

**Phone : 605.837.2270 Fax: 605.837.2201**

COO Heidi Coller: [heh.knh@gmail.com](mailto:heh.knh@gmail.com)

## Consent for Law Enforcement Background Check

(Please Print)

I, \_\_\_\_\_ authorize \_\_\_\_\_ to conduct a Law Enforcement check on myself. I release the following information to assist the investigation:

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_

Other States Lived in prior to SD: \_\_\_\_\_

Previous Last Names Used: \_\_\_\_\_

Have you ever been convicted of a Felony or Misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Offense: \_\_\_\_\_ Date: \_\_\_\_\_ Place \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_ Place \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_ Place \_\_\_\_\_

(If additional space is needed, please use the back of this form)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date