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APPLICATION FOR EMPLOYMENT

Conditions for employment are stated at the end of this form. Please read carefully before you sign this application.
 (Application must be completed in full even if attaching a resume)

POSITION APPLYING FOR: _____ DATE OF APPLICATION: _____

PERSONAL			
PLEASE TYPE OR PRINT USING A BALLPOINT PEN			
LAST NAME, FIRST NAME, MIDDLE INITIAL			SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS	CITY	STATE	ZIP
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
IF NO PHONE, HOW MAY WE CONTACT YOU?		HOW LONG	HOME PHONE NUMBER
IF NO PHONE, HOW MAY WE CONTACT YOU?		HOW LONG	CELL PHONE NUMBER
IF NO PHONE, HOW MAY WE CONTACT YOU?		EMAIL ADDRESS	
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, NAME OF RELATIVE:			
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, APPROXIMATE DATE:			
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, APPROXIMATE DATE:			
HOW WERE YOU REFERRED:			
GENERAL INFORMATION			
ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, FACTORS SUCH AS JOB RELATION, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT)			
IF YES, PLEASE EXPLAIN:			
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN:			
MOST MANUFACTURING POSITIONS REQUIRE ABILITY TO STAND FOR 12 HRS., PERFORM REPETITIVE WORK MOVEMENTS, AND LIFT WEIGHTS UP TO 50 LBS. ON A CONSISTENT BASIS. ARE YOU ABLE TO PERFORM THESE ESSENTIAL JOB REQUIREMENTS WITH REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>Note: Physical requirements vary dependent on position and can be more/less stringent than those listed above.</i>			

Date:

First Name:

Last Name:

PLEASE CHECK SCHEDULE AVAILABILITY:

I AM AVAILABLE AND DESIRE TO WORK FULL-TIME (40 HOURS) AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS.

I AM ONLY AVAILABLE FOR PART-TIME BECAUSE:

STUDENT OTHER JOB OTHER (EXPLAIN): _____

HOURS AVAILABLE	7am-7pm	7pm-7am	7am-3pm	3-11pm	11pm-7am	8am-5pm	Other
<i>Please circle the work shift(s) that you are available to work.</i>	Rotating workshift - holidays & every other weekend		Monday thru Friday	Monday thru Friday	Sunday thru Thursday	Monday thru Friday	

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WAGE EXPECTED	DATE AVAILABLE FOR WORK
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EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT FOR THE LAST 10 YEARS, INCLUDING ALL TIME NOT WORKING. (ATTACH ADDITIONAL SHEET IF NECESSARY)

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	TYPE OF BUSINESS	JOB TITLE
ADDRESS	STARTING SALARY	ENDING SALARY	NAME OF SUPERVISOR	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE, ZIP	DESCRIBE YOUR JOB DUTIES			
PHONE NUMBER	REASON FOR LEAVING	EXPLAIN ANY PERIOD BETWEEN JOBS		

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	TYPE OF BUSINESS	JOB TITLE
ADDRESS	STARTING SALARY	ENDING SALARY	NAME OF SUPERVISOR	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE, ZIP	DESCRIBE YOUR JOB DUTIES			
PHONE NUMBER	REASON FOR LEAVING	EXPLAIN ANY PERIOD BETWEEN JOBS		

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	TYPE OF BUSINESS	JOB TITLE
ADDRESS	STARTING SALARY	ENDING SALARY	NAME OF SUPERVISOR	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE, ZIP	DESCRIBE YOUR JOB DUTIES			
PHONE NUMBER	REASON FOR LEAVING	EXPLAIN ANY PERIOD BETWEEN JOBS		

EMPLOYMENT HISTORY (CONT.)

EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	TYPE OF BUSINESS	JOB TITLE
ADDRESS	STARTING SALARY	ENDING SALARY	NAME OF SUPERVISOR	MAY WE CONTACT EMPLOYER? [] YES [] NO
CITY, STATE, ZIP	DESCRIBE YOUR JOB DUTIES			
PHONE NUMBER	REASON FOR LEAVING	EXPLAIN ANY PERIOD BETWEEN JOBS		

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	LAST YEAR ATTENDED	DID YOU GRADUATE	DEGREE
HIGH SCHOOL		NA	9 10 11 12	[] YES [] NO	NA
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS, TRADE, OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, or other qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

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Consistent attendance and punctuality are essential requirements of every job with this company. Are you able to report to work punctually and as scheduled on a regular and consistent basis? [] YES [] NO

If No, Please Explain:

PERSONAL AND BUSINESS REFERENCES (No relatives please)

NAME	OCCUPATION BUSINESS PHONE
HOME ADDRESS AND PHONE	TITLE OF RELATIONSHIP
CITY, STATE, ZIP	HOW LONG KNOWN

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HOME ADDRESS AND PHONE	TITLE OF RELATIONSHIP
CITY, STATE, ZIP	HOW LONG KNOWN

APPLICANT'S STATEMENT

I understand and agree that any misrepresentation by me on this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by the Company. Furthermore, if I am hired, I understand that I will be an employee-at-will and I am free to resign at any time, and that the Company has the authority to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the Company has authority to make any representations or assurances to the contrary. I acknowledge and agree that any changes in such employment relationship must be made in writing and signed by an authorized representative of the Company.

I understand that if you make an offer of employment to me, it will be a conditional offer of employment and I will be required to submit to a pre-employment medical exam and to provide information in response to medical inquiries, the results of which may disqualify me from employment. If requested, I agree to furnish such information and submit to such testing.

I understand that I will be required to submit to a test to detect the current illegal use of drugs, and if the test results identify that I am currently using illegal drugs, I will not be eligible for employment by the Company. I further understand that I have the right to refuse to submit to such tests or to consent to such tests of my own free will.

I authorize the Company to make a thorough investigation of my past employment, education and job related activities, including federal and state background checks. To the extent permitted by law, I release the Company from any liability which might result from making such investigation and I also release from any liability all persons and entities supplying such information.

I acknowledge that the Company is an equal employment opportunity employer and that the Company does not discriminate in employment. I understand that no question on this application is used for the purpose of excluding the Company's consideration of me for employment on a basis prohibited by federal, state or local law, or is it used by the Company for any purpose of attempting to obtain information prohibited by federal, state, or local law.

I understand that the Company will consider this application current information for a period of only sixty (60) days. At the expiration of sixty (60) days, if I have not heard from the Company, and if I still desire to be considered for employment, I understand that it will be necessary for me to complete a new application.

SIGNATURE _____ DATE _____

PRINTED NAME _____

PRE-EMPLOYMENT SELF-IDENTIFICATION FORM

IMPORTANT – Bell Incorporated is a government contractor subject to Executive Order 11246, section 503 of the Rehabilitation Act of 1973, as amended, and section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment minorities, women, qualified individuals with disabilities, disabled veterans, and veterans of the Vietnam era.

To enable us to meet government recordkeeping and reporting requirements for the administration of civil rights laws and regulations, Bell Incorporated, invites you to complete this personal data form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be used solely for government recordkeeping and reporting purposes and will be detached and kept in a separate, confidential file. Any information that you choose to provide will not be considered by Bell Incorporated for employment purposes and will be treated as confidential. Your voluntary cooperation is appreciated.

Name: _____
Last First MI

Position Applied for: _____

Date: _____ Male _____ Female _____

Are you **Hispanic or Latino** (i.e., A person of Cuban, Mexican Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? Yes _____ No _____

If no, what race(s) do you consider yourself to be? (If any of the definitions outlined below apply to you, please check off the appropriate line(s).)

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

It is the policy at Bell Incorporated to provide equal employment and advancement opportunities to all qualified individuals. To achieve this goal, Bell Incorporated is dedicated to taking affirmative action to employ and advance in employment, minorities, women, qualified disabled persons, disabled veterans, and veterans of the Vietnam Era. All personnel actions, including recruitment, hiring, training, and promoting persons in all job titles, will be administered without regard to race, color, religion, sex, national origin, age, disability or Vietnam Era veteran status, or other protected basis and all employment decisions are based solely on valid job requirements.

Signature: _____