

SOUTH DAKOTA FARMERS UNION FOUNDATION

Summer Staff/Intern Application

PO Box 1388

Huron, SD 57350-1388

APPLICANT: Please answer all questions on this form to the best of your ability. Your qualifications will be carefully reviewed and you will be given thorough consideration for any position on the Farmers Union Staff. Giving any information prohibited by federal, state or local law is not required. If you are hired, this application will become a part of your personnel record. You should understand that we will contact your past employers and references for information about your character, general reputation and personal characteristics.

EMPLOYMENT APPLICATION

NAME	FIRST	MIDDLE	LAST
PRESENT ADDRESS		TELEPHONE NUMBER	
PERMANENT ADDRESS		TELEPHONE NUMBER	
HOURS WHEN YOU CAN BE REACHED			
EMAIL			
ARE YOU AT LEAST 19 YEARS OF AGE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LICENSED TO DRIVE A CAR?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A VALID DRIVER'S LICENSE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER'S LICENSE NUMBER?	SOCIAL SECURITY NUMBER?	BIRTHDATE?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:			
HAVE YOU EVER BEEN CONVICTED OF A DWI, DUI or MINOR CONSUMPTION CHARGE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:			
DESCRIBE QUALIFICATIONS, ACTIVITIES, EXPERIENCES, AND SKILLS, WHICH YOU FEEL WOULD CONTRIBUTE TO YOUR ABILITY AS A FARMERS UNION SUMMER STAFF/INTERN. (USE EXTRA SHEET IF NECESSARY)			
DESCRIBE BRIEFLY ACTIVITIES YOU HAVE BEEN INVOLVED, IN SCHOOL, CHURCH AND COMMUNITY.			

DESCRIBE BRIEFLY YOUR CAREER GOALS AND INTERESTS.

LIST SPECIAL HONORS YOU HAVE EARNED IN SCHOOL, SPORTS, ETC. (Attach an additional sheet if needed.)

RECREATIONAL HOBBIES YOU ENJOY

PERSONAL

FATHER'S NAME	ADDRESS	OCCUPATION
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MOTHER'S NAME	ADDRESS	OCCUPATION
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SPOUSE'S NAME	ADDRESS	OCCUPATION
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PERSON TO NOTIFY IN CASE OF EMERGENCY	ADDRESS	PHONE
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STATE PRESENT CONDITION OF YOUR HEALTH

DO YOU HAVE A DISABILITY THAT WOULD REQUIRE REASONABLE ACCOMODATIONS?

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/GRADUATE	UNIVERSITY PROFESSIONAL
SCHOOL NAME AND ADDRESS				
YEARS COMPLETED/DEGREE	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY				

DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES

SKILLS: Indicate number of years experience in any of the following:

LEADING DISCUSSIONS	TEACHING CLASSES
DIRECTING GROUP SINGING	TEACHING FARMERS UNION CLASSES
ORGANIZING CHILDREN'S GAMES	HELPING TO ORGANIZE A CO-OP STORE
PLAYING SOFTBALL	KP SUPERVISING
PLAYING VOLLEYBALL	SWIMMING
PLANNING PROGRAMS	OFFICIAL LIFEGUARD/WSI
WORKING WITH VOLUNTEERS	FIRST AID/CPR
RECORD KEEPING	GROUP SKIT PERFORMANCE
MUSIC – Specify	PHONE CONTACT WORK
FOLLOWING PROCEDURES	COMPUTER SKILLS
DOOR-TO-DOOR CONTACT WORK	CRAFT ACTIVITIES

JOB INTERESTS

WHY ARE YOU INTERESTED IN WORKING FOR THE FARMERS UNION FOUNDATION?

PREVIOUS EMPLOYMENT

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

(1) EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATES/SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				
(2) EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATES/SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				
(3) EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATES/SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				
(4) EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATES/SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

List three names, addresses and telephone numbers of adults who know you well in your home community, church, high school, college, Farmers Union or other important areas of your life. No relatives or former employers please.

Name	Address	Town	Zip	Telephone	Occupation

The information I have given is true and complete.

I authorize investigation of all statements contained in this employment application as may be necessary to arrive at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Return Application to:

**South Dakota Farmers Union Foundation
State Education Director
PO Box 1388
Huron, SD 57350-1388
(605) 352-6761, Ext. 125**