

**Black Diamond Capital, LLC**

Equal opportunity employer. Applicants are considered for employment without regard to sex, marital status, race, color, religion, creed, national origin, age, physical or mental disability.

Salary desired \_\_\_\_\_ Job applied for \_\_\_\_\_

Your application is a permanent part of your record.

Last Name	First Name	Middle Initial	Social Security Number
Street Address/P O Box	City	State	Zip
		Telephone Number	Message Telephone Number

Are you a United States Citizen?  Yes  No

**U.S. MILITARY SERVICE**  
 Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Duty & Training while in service: \_\_\_\_\_

If no, Alien Registration # \_\_\_\_\_

Are you looking for a full-time position? \_\_\_\_\_ Part-time position? \_\_\_\_\_ Temporary position? \_\_\_\_\_

Do you prefer to work? Days? \_\_\_\_\_ Evenings? \_\_\_\_\_ Nights? \_\_\_\_\_ Weekends? \_\_\_\_\_

**South Dakota Gaming License** { } Yes { } No **If yes, License #** \_\_\_\_\_

Please Circle: If necessary for the job, are you over? 18 21 25 If necessary for the job, can you lift? 15 25 50+ lbs

**EMPLOYMENT HISTORY-List your recent position first. (Please do not "refer to resume.")**

Employer		Work Performed	
Address		Telephone	
Job Title	Dates From: To:		
Supervisor	May we contact this employer? { } Yes { } No		
Reason for leaving			
Employer		Work Performed	
Address		Telephone	
Job Title	Dates From: To:		
Supervisor	May we contact this employer? { } Yes { } No		
Reason for leaving			
Employer		Work Performed	
Address		Telephone	
Job Title	Dates From: To:		
Supervisor	May we contact this employer? { } Yes { } No		
Reason for leaving			

**SKILLS**

Summarize special skills, qualification and equipment used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation to job?  Yes  No Driver's License Number: \_\_\_\_\_ State/Type \_\_\_\_\_

**EDUCATION**

	High School					College/University				Graduate/Professional				Major
Years Completed	9	10	11	12	GED	1	2	3	4	1	2	3	4	
Diploma/Degree/Certificate														
Other Education/Training														

**PERSONAL/PROFESSIONAL REFERENCES**

List three references other than relatives:

Name	Address	Telephone Number	Occupation	Length of Acquaintance

**OTHER**

Additional comments you feel would assist us in evaluating your qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to relocate? \_\_\_\_\_

**APPLICANT STATEMENT**

I verify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving 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.

Necessary for employment in a specific position, you may be required to have a physical examination, drug screen, to provide evidence of citizenship or date of birth, or to sign a conflict of interest agreement and abide by its terms.

\_\_\_\_\_  
Signature of applicant Date

EMPLOYER SECTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_