



1600 Sedivy Lane  
Rapid City, SD 57703

Best GEN Modular Use Only	
_____	Date Application Received
_____	Date of Screening
_____	Date Interviewed
_____	Date Offered
_____	Date Accepted
_____	Date Started
_____	Other Information

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

Please complete this application in its entirety. Your opportunity for employment with Best GEN Modular will depend upon the completeness and accuracy of information on this form. Best GEN Modular will keep your application on file for a period of two years following the date of this application. Best GEN Modular is an Equal Opportunity/Affirmative Action Employer and fully complies with all federal, state and local laws prohibiting employment discrimination. Those applicants requiring reasonable accommodation in the application process should notify Human Resources at 1-605-791-0554.

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

Last Name	First Name	Middle Name	Telephone Number
Present Address (Street, City, State, and Zip Code)			Email

Position applied for \_\_\_\_\_

Are you seeking: **Full time**  **Part time**  **Summer**  **Part time days**  **Part time evenings**

How did you hear about employment opportunities at Best GEN? **Internet**  **Newspaper**  **Radio**  **TV Ad**  **Other**  \_\_\_\_\_

Earnings Expected \_\_\_\_\_ Have you ever filed an application with Best GEN? **Yes**  **No**  **When** \_\_\_\_\_

Have you previously participated in Best GEN's pre-employment screening test? **Yes**  **No**  **When** \_\_\_\_\_

Have you previously been employed at Best GEN? **Yes**  **No**  **When** \_\_\_\_\_ **Position** \_\_\_\_\_

Did an existing Best GEN employee refer you to apply for a position at Best GEN Modular?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If "Yes", what is that referring employee's name? (Please list only one name and print clearly) _____	

\*Have you ever been discharged or forced to resign from a position? **Yes**  **No**  **Provide details:**  
\_\_\_\_\_  
\_\_\_\_\_

Are you authorized to work in the United States without sponsorship? **Yes**  **No**

Are you presently employed? **Yes**  **No**  When could you report for work? \_\_\_\_\_

### EDUCATION

School	Name, City, Zip Code	Courses Studied	Did you complete/graduate?	Type of Degree
High School			<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<del>                    </del>
GED			<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
College or University			<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Other Education or Training			<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	

## EMPLOYMENT RECORD

Starting with the present date and working back wards, list your last five employers. Please also account for periods of unemployment (additional employment record sheets are available upon request).

**EMPLOYER** \_\_\_\_\_ ADDRESS (Street, City, State) \_\_\_\_\_  
From (month/year) \_\_\_\_\_ TO \_\_\_\_\_ Beginning Rate of Pay (hourly) \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_  
Position Held \_\_\_\_\_ Nature of Business \_\_\_\_\_ Phone # \_\_\_\_\_  
Briefly describe the work you did \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your employer? Yes  No

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**EMPLOYER** \_\_\_\_\_ ADDRESS (Street, City, State) \_\_\_\_\_  
From (month/year) \_\_\_\_\_ TO \_\_\_\_\_ Beginning Rate of Pay (hourly) \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_  
Position Held \_\_\_\_\_ Nature of Business \_\_\_\_\_ Phone # \_\_\_\_\_  
Briefly describe the work you did \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your employer? Yes  No

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**EMPLOYER** \_\_\_\_\_ ADDRESS (Street, City, State) \_\_\_\_\_  
From (month/year) \_\_\_\_\_ TO \_\_\_\_\_ Beginning Rate of Pay (hourly) \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_  
Position Held \_\_\_\_\_ Nature of Business \_\_\_\_\_ Phone # \_\_\_\_\_  
Briefly describe the work you did \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your employer? Yes  No

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**EMPLOYER** \_\_\_\_\_ ADDRESS (Street, City, State) \_\_\_\_\_  
From (month/year) \_\_\_\_\_ TO \_\_\_\_\_ Beginning Rate of Pay (hourly) \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_  
Position Held \_\_\_\_\_ Nature of Business \_\_\_\_\_ Phone # \_\_\_\_\_  
Briefly describe the work you did \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your employer? Yes  No

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**EMPLOYER** \_\_\_\_\_ ADDRESS (Street, City, State) \_\_\_\_\_  
From (month/year) \_\_\_\_\_ TO \_\_\_\_\_ Beginning Rate of Pay (hourly) \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_  
Position Held \_\_\_\_\_ Nature of Business \_\_\_\_\_ Phone # \_\_\_\_\_  
Briefly describe the work you did \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your employer? Yes  No

May we contact you at your workplace? **Yes**  **No**  Phone: \_\_\_\_\_ Other Alternate Number \_\_\_\_\_

## SKILLS

Please list tools or computer software that you are capable of using \_\_\_\_\_

Licenses and/or Certifications you wish to have considered with your application \_\_\_\_\_

Please provide any other information (e.g. relevant accomplishments, training, or experience) that is relevant to your qualifications for the position for which you are applying.

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## EMPLOYMENT DESIRED WITH BEST GEN MODULAR

Best GEN Modular has positions available in production, administrative office, and other areas. Further information on type of positions in these areas is provided in the attachment to this application. Some general descriptions and requirements applicable to all positions in each specific area are described below. Please indicate areas of interest and respond to these questions. Full job descriptions for open positions are available for review upon request via email at [info@BestGEN.com](mailto:info@BestGEN.com). Please contact 1-605-791-0554 to speak to a Human Resource Staffing Specialist.

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### Production Floor

Are you able to perform the following essential tasks with or without reasonable accommodation?

Stand/walk on concrete for 8-10 hour shifts?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Perform repetitive hand, wrist, and arm motion?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Lift up to 40 pounds?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

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### Administrative Office

Are you able to perform the following essential tasks with or without reasonable accommodation?

Perform repetitive hand, wrist, and arm motion?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Sit at a desk for periods of 2 or more hours?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Speak for periods of 6 or more hours?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

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### Corporate Support (typically positions including Facilities Maintenance, Custodial, etc.)

Are you able to perform the following essential tasks with or without reasonable accommodation?

Lift up to 40 pounds?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Stand/walk for extended periods of time?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

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### Other areas (please indicate department or position of interest)

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# PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

Please read all of the below-stated conditions and notifications prior to signing.

I hereby certify that all entries and attachments to this application are true and complete, and I agree and understand that any false or misleading information or material omissions, regardless of time of discovery, may disqualify me from further consideration for employment and may lead to my dismissal if I am employed with Best GEN Modular, Inc. at the time of the discovery. I understand that all information on this application is subject to verification, and I expressly authorize investigation by Best GEN Modular, its agents, and representatives of all statements, references, and information provided in this application (or in any related documents or interview).

I hereby certify that I am at least 18 years old and except for custodial, all other Best GEN Modular positions require a verifiable high school diploma (or GED certificate).

I expressly authorize any person, school, current or prior employer, or other organization named in this form (or in any related documents or interview) to provide any information or opinion requested by Best GEN Modular, its agents, and representatives, in connection with my application for employment, and I release all such parties from liability in making such statements.

I understand that all candidates who have received a conditional offer of employment from Best GEN Modular are subject to drug testing prior to beginning their employment, in accordance with South Dakota law. A positive pre-employment drug test or refusal to participate in a pre-employment drug test will lead to Best GEN Modular withdrawing the employment offer.

I understand that this application does not create a contract for employment. I understand that, if hired, I am obligated to comply with any and all current and subsequently adopted company policies. I further understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, at the will of either party with or without prior notice, except as may be required by law. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States.

I certify that I have read, fully understand and accept the above terms.

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Signature of Applicant

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Date

