



**APPLICATION FOR EMPLOYMENT**  
 JSND/WORKFORCE PROGRAMS  
 SFN 16770 (R. 3-14)

Company Applying To \_\_\_\_\_

Position Title or Job Order # \_\_\_\_\_

**GENERAL INFORMATION**

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Date You Can Start Work	Days Available: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing/Evening <input type="checkbox"/> Graveyard/Night <input type="checkbox"/> Rotating <input type="checkbox"/> Split
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**DRIVER LICENSE INFORMATION**

Do you have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License Class _____	Issuing State _____
Endorsements (check all that apply): <input type="checkbox"/> Tanker Vehicles <input type="checkbox"/> Double & Triple Trailers <input type="checkbox"/> School Bus <input type="checkbox"/> Passenger Bus	<input type="checkbox"/> Hazardous Materials	

**EDUCATION, TRAINING, CERTIFICATIONS AND VETERAN STATUS**

Do you have a High School Diploma? ☐ Yes ☐ No      Do you have a GED? ☐ Yes ☐ No

Other education after High School (most recent first):

Name of School, City, State	# of Quarter or Semester Credits Earned	Graduated	Earned Degree AA, AS, AAS, BA, BS, Masters, PhD	Major or Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Issued By	Expiration Date
Occupational License, Certificate or Registration	Number	Issued By	Expiration Date

Are you a U.S. Military Veteran? ☐ Yes ☐ No

**ADDITIONAL INFORMATION AND SKILLS**

Describe volunteer work, community involvement, hobbies, or other qualification or skills:

Name \_\_\_\_\_

Page 2

**WORK EXPERIENCE (Current or most recent first)**

Employer	Telephone Number	From (Month/Year)
Street Address/City/State		
Job Title	To (Month/Year)	
Duties/Skills/Equipment and Software Used:		
		Hours Per Week
		Last Salary
		Last Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Telephone Number	From (Month/Year)
Street Address/City/State		
Job Title	To (Month/Year)	
Duties/Skills/Equipment and Software Used:		
		Hours Per Week
		Last Salary
		Last Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Telephone Number	From (Month/Year)
Street Address/City/State		
Job Title	To (Month/Year)	
Duties/Skills/Equipment and Software Used:		
		Hours Per Week
		Last Salary
		Last Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**BUSINESS-RELATED REFERENCES**

Name	Address, City, State, Zip	Phone Number

I certify the information contained in this application is true, correct, and complete.

I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal.

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

As employers, the State of North Dakota and political subdivisions prohibit smoking in all places of state and political subdivision employment in accordance with N.D.C.C. § 23-12-10

**Job Service North Dakota is an equal opportunity employer/program provider.**  
**Auxiliary aids and services are available upon request to persons with disabilities.**

WORK EXPERIENCE (Current or most recent first)		
Employer	Telephone Number	From (Month/Year)
Street Address/City/State		
Job Title		To (Month/Year)
Duties/Skills/Equipment and Software Used:		Hours Per Week
		Last Salary
		Last Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Street Address/City/State		
Job Title		To (Month/Year)
Duties/Skills/Equipment and Software Used:		Hours Per Week
		Last Salary
		Last Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Street Address/City/State		
Job Title		To (Month/Year)
Duties/Skills/Equipment and Software Used:		Hours Per Week
		Last Salary
		Last Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Street Address/City/State		
Job Title		To (Month/Year)
Duties/Skills/Equipment and Software Used:		Hours Per Week
		Last Salary
		Last Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No