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.? ❑Yes ❑No			

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

DRIVER LICENSE INFORMATION

Do you have a valid driver license? ❑ Yes ❑ No Driver License Class_____ Issuing State_____

Endorsements (check all that apply): ❑ Tanker Vehicles ❑ Double & Triple Trailers ❑ Hazardous Materials ❑ School Bus ❑ Passenger Bus

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
		❑ Yes ❑ No		
		❑ Yes ❑ No		

Occupational License, Certificate or Registration	Number	Issued By	Expiration Date
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Are you a U.S. Military Veteran? ❑ Yes ❑ No

ADDITIONAL INFORMATION AND SKILLS

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

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? ❑Yes ❑No	

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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

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