



EMPLOYMENT APPLICATION

Equal Employment Opportunity

537 27th Ave East • Dickinson ND 58601
Office: 701-225-4441 • Fax: 701-227-4382

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

PERSONAL INFORMATION				FOR OFFICE USE ONLY	
Your Name	Last	First	Middle	Date Started _____	
Your Mailing Address				Shift Day _____ Swing _____	
City	State	Zip Code		Wages _____	
Home Phone	Are you eligible for employment in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment)	
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Referred By: (Check & Indicate name)		<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employee			
		<input type="checkbox"/> On My Own/Walk-In <input type="checkbox"/> School			
		<input type="checkbox"/> Agency <input type="checkbox"/> Other			
		<input type="checkbox"/> Company Website		Personal Referral/ Name: _____	
EMPLOYMENT DESIRED			Date Available:		Salary Desired:
Position Applied For:					
Are you employed now?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever worked for this company before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When? Position?
Have you submitted an application here before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, position:	
Are you available for work every day of the week?					
EDUCATION					
High School	Name/Location of School		Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____		
			Date Graduated		
	Name/Location of School		Dates of Attendance		MAJOR/ Course of Study
College			From	To	Type of Degree Earned
Trade, Business or Correspondence School					
REFERENCES					
List below three persons not related to you, whom you have known at least one year					
Name	Address		Phone		Year Acquainted

EMPLOYMENT EXPERIENCE: Please account for all periods of employment including U.S. Military service.
 Attach sheet and/or resume if more space is needed.

1. Employer: _____ From: _____ To: _____
 Address: _____
 Position: _____ Salary (upon leaving) Hourly Rate: _____
 Job Duties: _____
 Reason for Leaving? _____
 Supervisor's Name: _____ Contact Phone Number: _____

2. Employer: _____ From: _____ To: _____
 Address: _____
 Position: _____ Salary (upon leaving) Hourly Rate: _____
 Job Duties: _____
 Reason for Leaving? _____
 Supervisor's Name: _____ Contact Phone Number: _____

3. Employer: _____ From: _____ To: _____
 Address: _____
 Position: _____ Salary (upon leaving) Hourly Rate: _____
 Job Duties: _____
 Reason for Leaving? _____
 Supervisor's Name: _____ Contact Phone Number: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)
 List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, etc.

DRIVING POSITIONS: If position applied for involves driving, do you have a valid Driver's License? Yes No
 You will be asked to provide a valid Driver's License upon employment.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT'S STATEMENT

CERTIFICATE OF APPLICANT

Substance abuse screening required of all applicants being considered for employment.

I understand that I will be required to submit to post-employment substance abuse screen for the presence of drugs or alcohol. I understand that I may be required to submit to post-employment physical exam. I agree to such an examination and/or testing at the Company's expense.

I authorize release of the results to the company and their use to evaluate my suitability for employment. I also release the company from all liability arising out of our connected with the examination and/or testing.

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentation may result in rejection, or if employed, may result in dismissal. I authorize any former employer or person listed on this form to answer any questions and agree to hold all persons harmless for giving information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. I further understand, in even I am employed my employment shall be completely voluntary and may be terminated at will at any time upon notice by either the company or myself. If employed I agree to comply with all reasonable rules of the company as a condition of continued employment.

Date: _____ Signature of Applicant: _____