



# Application for Employment

2020 – 8<sup>th</sup> Ave SE  
 Minot, ND 58701-5035  
 Phone (701) 839-7221  
 Toll Free (800) 726-8645  
 Fax (701) 839-1747  
 TDD (701) 852-3028

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classification.*

<b>Name</b>		<b>Telephone Number</b>		<b>Date</b>
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>

Are you over 18 years old?  Yes  No

Are you authorized to work in the United States on an unrestricted basis?  Yes  No

How did you learn of this opening? \_\_\_\_\_

Have you worked here before?  Yes  No

Have you been told the essential functions of the job or have you been shown a copy of the position description listing the essential functions of the job?  Yes  No

Can you perform these essential functions with or without reasonable accommodation?  Yes  No

Are there any hours or days you cannot or will not work? \_\_\_\_\_

Status Preferred  Part Time  Full Time

Are you willing to work overtime if required?  Yes  No

Have you ever pled or been found guilty of a felony charge, including a felony charge that was later dismissed under a deferred imposition of sentence?  Yes  No

If yes, describe the conditions. (Conviction will not necessarily disqualify an applicant for employment.)

\_\_\_\_\_

Education	Name & Location of School	Year Graduated	Major	Diploma or Degree
High School				
College/University				
College/University				
Other Training/Education				

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our agency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Wage or salary desired \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

**Work History**

May we contact your present employer?  Yes  No

Most Recent Employer			Address		Telephone
Date Began	Date Ended	Beginning Position	Ending Position	Beginning Salary	Ending Salary
Name of Supervisor			Title		
Description of Duties			Equipment/Machines Operated		
			Reason for Leaving		
Previous Employer			Address		Telephone
Date Began	Date Ended	Beginning Position	Ending Position	Beginning Salary	Ending Salary
Name of Supervisor			Title		
Description of Duties			Equipment/Machines Operated		
			Reason for Leaving		
Previous Employer			Address		Telephone
Date Began	Date Ended	Beginning Position	Ending Position	Beginning Salary	Ending Salary
Name of Supervisor			Title		
Description of Duties			Equipment/Machines Operated		
			Reason for Leaving		

**Applicant's Certification and Agreement**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize the agency to make an investigation of any of the facts set forth in this application and release the agency from any liability.

I understand that employment at this agency is "at will", which means that either I or the agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of the agency, other than the Executive Director in signed writing, has any authority to alter the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_