



Application for Employment

615 Highway 52 West
 Velva, ND 58790
 701-338-2855 or 1-800-472-2141
 An Equal Opportunity Employer

Attention: _____

Date: _____

P E R S O N A L	Last Name	First	MI	Social Security Number
	Address			Home Phone
	City	State	Zip Code	Business Phone
	Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Class _____			Drivers License No.
	When will you be available for employment?			Will you accept temporary or part-Time work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is your primary occupation, trade or profession?			Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How did you hear of our organization and/or this position?			Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

E D U C A T I O N	School	Name and Location of School	Course of Study/Degree	Dates Attended	Did you Graduate?
	Elementary				
	High				
	College				
	Other				
	List any educational honors, activities, achievements:				

S K I L L S	Describe any other special skills, training or abilities you have such as: Typing, languages, computers, equipment operation, etc.

M I L I T A R Y	Complete this section if you served in the U.S. Military	Branch of Service
	Describe your duties or special training that relate to this application	Period of Active Duty (Month & Year)
		From: _____ To: _____
		Rank at Discharge
		Date of Final Discharge

P R O F E S S I O N A L	Describe your position, activities, and experience in any applicable professional or civic organizations: List information about any licenses you hold (State, number, date issued, date of expiration)	

R E F E R E N C E S	List up to 3 personal references other than employers or relatives:		
	Name	Address & Phone No.	Business or Occupation

H E A L T H	Are there any positions or job duties for which you should not be considered? Explain	
	Are there reasons why you cannot perform the functions associated with the position for which you are applying? Explain (Job descriptions and duties are available for your review)	
	What is the date of your last physical examination?	
	Are there reasons why you would not take a physical examination by a physician of our choice upon employment? Explain	
State the names and addresses of persons to be notified in the case of accident or emergency:		

O T H E R	Describe any criminal convictions:
	State the names of any relatives who are directors, officers, or employees of this company:

R E M A R K S	Add any statements you feel may clarify or add to the questions in this application. Also add anything you feel may affect the consideration of this application.

R E S U M E	You may attach any additional resume information if you desire.
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S I G N A T U R E	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
	I authorize you to investigate all statements in this application, including my credit and personal history, medical, education, employment, references, or driving records.	
	_____ Date	_____ Signature

N O T E S	FOR OFFICE USE ONLY: