



301 Division Avenue North  
P.O. Box 750  
Cavalier, ND 58220

## Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For:	Date of Application:
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Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No

Do any of your friends or relatives, other than your spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary

What is your desired salary range? \_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

### EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
College / Professional				
Other (Specify)				

## **WORK EXPERIENCE**

Start with your present or last job. Include any job related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u>	Work Performed:
Address	From:	
Telephone Number	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason For Leaving	Final:	May We Contact? ____Yes ____No
Employer	<u>Dates Employed</u>	Work Performed:
Address	From:	
Telephone Number	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason For Leaving	Final:	May We Contact? ____Yes ____No
Employer	<u>Dates Employed</u>	Work Performed:
Address	From:	
Telephone Number	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason For Leaving	Final:	May We Contact? ____Yes ____No

## **PERSONAL / PROFESSIONAL REFERENCES**

(Do not include family members or past supervisors.)

Name	Phone Number	Best Time To Call	Occupation
1.			
2.			
3.			

## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date