



OFFICE USE ONLY

ID # _____
START DATE _____
START WAGE _____
LOCATION _____

CORPORATE OFFICE
P.O. Box 1347
408 N 3rd ST
Fargo, North Dakota 58107
Phone 701-235-4412
Fax 701-235-4756

APPLICATION FOR EMPLOYMENT

*****PLEASE PRINT*****

DATE OF APPLICATION _____

POSITION (S) APPLIED FOR _____

REFERRAL SOURCE: ___ AD ___ FRIEND ___ RELATIVE
___ EMPLOYMENT AGENCY ___ OTHER

NAME _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____ SOCIAL SECURITY # _____

IN CASE OF EMERGENCY NOTIFY _____

ARE YOU 18 OR OLDER? YES ___ NO ___ IF NO, STATE YOUR AGE: _____

PREVIOUS EXPERIENCE OR TRAINING FOR THE POSITION APPLYING FOR:

HOW WILL YOU GET TO WORK? _____

HAVE YOU EVER APPLIED HERE BEFORE? _____ IF YES DATE _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____ IF YES WHEN _____

ARE YOU AVAILABLE TO WORK: _____ FULL TIME _____ PART TIME

WHEN CAN YOU START WORK? _____ CIRCLE THE DAYS YOU CAN WORK
SUNDAY MONDAY TUESDAY WEDNESDAY
THURSDAY FRIDAY SATURDAY

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES
EXPLAIN _____

NORTH DAKOTA • MINNESOTA • MONTANA • WISCONSIN • WYOMING • SOUTH DAKOTA •
IDAHO • IOWA • NEBRASKA AND GROWING
*****An Equal Opportunity Employer*****

ARE YOU ABLE TO PERFORM THESE TASKS FOR THE JOB APPLYING FOR WITH OR WITHOUT A REASONABLE ACCOMMODATION? _____

LIST EACH JOB HELD. START WITH YOUR PRESENT OR LAST JOB. INCLUDE ALL MILITARY SERVICE ASSIGNMENTS.

1. EMPLOYER _____ FROM _____ TO _____
ADDRESS _____ HRLY RATE/SALARY _____
PHONE # _____
JOB TITLE _____ SUPERVISOR _____
WORK PERFORMED _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR EMPLOYER? _____ YES _____ NO

2. EMPLOYER _____ FROM _____ TO _____
ADDRESS _____ HRLY RATE/SALARY _____
PHONE # _____
JOB TITLE _____ SUPERVISOR _____
WORK PERFORMED _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR EMPLOYER? _____ YES _____ NO

3. EMPLOYER _____ FROM _____ TO _____
ADDRESS _____ HRLY RATE/SALARY _____
PHONE # _____
JOB TITLE _____ SUPERVISOR _____
WORK PERFORMED _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR EMPLOYER? _____ YES _____ NO

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

IF A TWO WEEK NOTICE IS NOT GIVEN UPON WILLFUL TERMINATION, AMS HAS THE RIGHT TO REDUCE MY SALARY/WAGE TO THE MINIMUM WAGE FOR THE PREVIOUS TWO WEEKS.

DATE _____ SIGNATURE _____

*****DO NOT WRITE BELOW THIS LINE*****