



OFFICE USE ONLY

ID # \_\_\_\_\_  
START DATE \_\_\_\_\_  
START WAGE \_\_\_\_\_  
LOCATION \_\_\_\_\_

CORPORATE OFFICE  
P.O. Box 1347  
408 N 3<sup>rd</sup> 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 \_\_\_\_\_ STATE \_\_\_\_\_ 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  
IDAHO • AND GROWING  
\*\*\*\*\*An Equal Opportunity Employer\*\*\*\*\*

ARE YOU ABLE TO PERFORM THE TASKS FOR THE JOB YOU ARE APPLYING FOR 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.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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