



APPLICATION FOR EMPLOYMENT
 JSND/WORKFORCE PROGRAMS
 SFN 16770 (R. 3-14)

Company Applying To _____

Position Title or Job Order # _____

GENERAL INFORMATION

Name (Last) _____ (First) _____ (Middle Initial) _____ Home Telephone () - _____

Address (Mailing Address) _____ (City) _____ (State) _____ (Zip) _____ Other Telephone () - _____

E-Mail Address _____ Are you legally entitled to work in the U.S.? Yes No

Date You Can Start Work _____ Days Available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday Will Accept: Part-Time Full-Time Temporary Regular Shift: Day Swing/Evening Graveyard/Night Rotating Split

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No

DRIVER LICENSE INFORMATION

Do you have a valid driver license? Yes No Driver License Class _____ Issuing State _____
 Endorsements (check all that apply): Tanker Vehicles Double & Triple Trailers Hazardous Materials
 School Bus Passenger Bus

EDUCATION, TRAINING, CERTIFICATIONS AND VETERAN STATUS

Do you have a High School Diploma? Yes No Do you have a GED? Yes No

Other education after High School (most recent first):

Name of School, City, State	# of Quarter or Semester Credits Earned	Graduated	Earned Degree AA, AS, AAS, BA, BS, Masters, PhD	Major or Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration Number _____ Issued By _____ Expiration Date _____

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Are you a U.S. Military Veteran? Yes No

ADDITIONAL INFORMATION AND SKILLS

Describe volunteer work, community involvement, hobbies, or other qualification or skills:

Name _____

WORK EXPERIENCE (Current or most recent first)			
Employer	Telephone Number	From (Month/Year)	
Street Address/City/State			
Job Title		To (Month/Year)	
Duties/Skills/Equipment and Software Used:			
		Hours Per Week	
		Last Salary	
		Last Supervisor	
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number	From (Month/Year)	
Street Address/City/State			
Job Title		To (Month/Year)	
Duties/Skills/Equipment and Software Used:			
		Hours Per Week	
		Last Salary	
		Last Supervisor	
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number	From (Month/Year)	
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		Last Supervisor	
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BUSINESS-RELATED REFERENCES			
Name	Address, City, State, Zip		Phone Number

I certify the information contained in this application is true, correct, and complete.
 I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal.
 Applicant Signature: _____ Date: _____

As employers, the State of North Dakota and political subdivisions prohibit smoking in all places of state and political subdivision employment in accordance with N.D.C.C. § 23-12-10

Name _____

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