



18021 79 1/2 St. SE
 Wahpeton, ND 58075
 (701)640-7355

Employment Application (Page 1 of 2)

APPLICANT INFORMATION

Last Name:		First:		M.I.:		Date:	
Street Address:				Apartment/Unit #:			
City:		State:		Zip:		Phone:	
Date Available:		Social Security #:				Desired Salary:	
Position Applied for:							
Are you a citizen of the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a felony?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain?			

EDUCATION

High School:		Address:					
From: To:		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>				Degree:	
College:		Address:					
From: To:		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>				Degree:	
Other:		Address:					
From: To:		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>				Degree:	

REFERENCES

Please list three professional references.

Full Name:		Relationship:	
Company:		Phone: ()	
Address:			
Full Name:		Relationship:	
Company:		Phone : ()	
Address:			
Full Name:		Relationship:	
Company:		Phone : ()	
Address:			

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PREVIOUS EMPLOYMENT

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary \$:	Ending Salary \$:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary \$:	Ending Salary \$:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary \$:	Ending Salary \$:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:
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