



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)
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date You Can Start Work	Days Available: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing/Evening <input type="checkbox"/> Graveyard/Night <input type="checkbox"/> Rotating <input type="checkbox"/> Split
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

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	
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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: _____
<small>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</small>		

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