



# Employment Application Form

50 West Broadway Dickinson ND 58601 701-483-7131 Fax:701-483-0166

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Driver's License: Yes or No Class: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Relationship

Type of work sought (be specific): \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary or Wage  
expected: \_\_\_\_\_

Any hours not available? \_\_\_\_\_

Circle if you are willing to accept: Full Time Part Time Shift Work Temporary  
Seasonal

Special skills/abilities/certificates/licenses/equipment operated or construction work  
experience that you have:

Circle highest grade of school completed: 11 12 GED 13 14 15  
16 17 18

List any other qualifications which should be considered:

Military:

Are you a veteran? Yes or No

Branch:

\_\_\_\_\_  
**Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_**  
\_\_\_\_\_

**Are you presently employed? Yes or No      May we contact your current employer? Yes or No**

\_\_\_\_\_  
**PLEASE COMPLETE THE WORK HISTORY SECTION WITH YOUR PRESENT OR MOST RECENT JOB FIRST.**

**Company:** \_\_\_\_\_ **City** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Job title:** \_\_\_\_\_ **Hours of work:** \_\_\_\_\_  
**Wage:** \_\_\_\_\_

**Your Responsibilities and Equipment operated:**

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
\_\_\_\_\_

**Company:** \_\_\_\_\_ **City** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Job title:** \_\_\_\_\_ **Hours of work:** \_\_\_\_\_ **Wage:** \_\_\_\_\_

**Your Responsibilities and Equipment operated:**

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
\_\_\_\_\_

**Company:** \_\_\_\_\_ **City** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Job title:** \_\_\_\_\_ **Hours of work:** \_\_\_\_\_ **Wage:** \_\_\_\_\_

**Your Responsibilities and Equipment operated:**

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**REFERENCES: Please list three individuals who are not related to you and not previous employers.**

	<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Job Title</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of

Applicant: \_\_\_\_\_

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***Office Use Only:***

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired:

\_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Start

Date: \_\_\_\_\_

**Interviewer Comments:**