

1000 3rd St. NE
 Minot, ND 58703

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

DATE: _____

NAME: _____

LAST

FIRST

MIDDLE

PRESENT ADDRESS: _____

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS: _____

STREET

CITY

STATE

ZIP

PHONE NUMBER: () _____

SOC. SEC. #: _____

STATE NAME AND RELATIONSHIP OF ANY
 RELATIVES IN OUR EMPLOY _____

REFERRED
 BY: _____

EMPLOYMENT DESIRED:

POSITION: _____

DATE YOU
 CAN START: _____

SALARY
 DESIRED: _____

ARE YOU
 CURRENTLY EMPLOYED? _____

MAY WE CONTACT
 YOUR EMPLOYER? _____

HAVE YOU EVER
 APPLIED TO THIS COMPANY BEFORE? _____

WHERE? _____ WHEN? _____

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR SUBJECTS	GPA
		YES	NO		
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
OTHER (SPECIFY)					

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL TRAINING: _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS)

(CONTINUED ON OTHER SIDE)

REDIFORM 9G285

This employment application has been designed for general use throughout the United States. At the time of publication, every effort was made to assure that the form complies with all general and certain state requirements prohibiting employment discrimination. However, legal requirements may vary from state to state and laws change frequently. Rediform assumes no responsibility for inclusion of any questions in this form which violate local, State and/or Federal laws.

FORMER EMPLOYERS: LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM		\$		
TO		PER		
FROM		\$		
TO		PER		
FROM		\$		
TO		PER		
FROM		\$		
TO		PER		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

IN CASE OF EMERGENCY, NOTIFY: _____
NAME

ADDRESS: _____ PHONE: _____

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 WAGE AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ DATE: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____

ABILITY: _____

HIRED: _____ DEPT: _____ POSITION: _____ START DATE: _____ SALARY: _____

APPROVALS:

1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER EMPLOYMENT HEAD GENERAL MANAGER