



3101 37th St. NW
 Mandan, ND 58554
 Phone: 701-751-5822
 Fax: 701-751-5826

Personal Contact Information

Last Name	First Name	Middle Initial
Address/Post Office Box		
City	State	ZIP Code
Telephone Number	Alternate Telephone Number	E-mail

Availability Information

Check if you are willing to accept <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Check if you are willing to work <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Split Shift	Check the days you are available to work <input type="checkbox"/> Sundays <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> Saturdays
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Availability Information Comments

Educational Background Information

Highest Grade Completed

Name of School	Course of Study	Degree

Occupational License/Certificates

Certificate/License Name	Organization	Completion Date

List qualifications, special skills or abilities you have, or equipment you can operate.

Military Background Information

Are you a veteran? Yes No

Driver License Information

Do you have a valid driver license? Yes No Driver License Type and Issuing State

Employment History

Complete this section beginning with your current or most recent employer.

Employer Name/Location	
Job Title	
Start Date/End Date	
Salary/Per	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other
Job Duties	

Employment History — Next Most Recent Employer

Employer Name/Location	
Job Title	
Start Date/End Date	
Salary/Per	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other
Job Duties	

Employment History — Summary of Other Work History

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Signature of Applicant

Date