

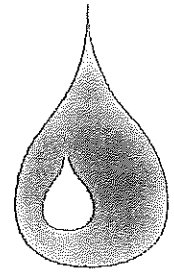
NORTH PRAIRIE RURAL WATER DISTRICT

3811 Burdick Expressway East

Minot, ND 58701

Phone # 701-852-1886 Fax # 701-857-6703

APPLICATION FOR EMPLOYMENT



ATTENTION: _____

DATE: _____

| | | | | | |
|--|--|--|-------|---|---|
| PERSONAL | Last Name | | First | Middle | Social Security Number |
| | Address | | | | Home Phone |
| | City | | State | Zip Code | Business Phone |
| | Do you have a valid license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Drivers License No. |
| | | | State | Class | |
| | When will you be available? | | | | Will you accept temporary or part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | What is your primary occupation, trade or profession? | | | | Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How did you hear of our organization and/or this position? | | | | Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|------------|-----------------------------|------------------------|----------------|-------------------|
| EDUCATION | School | Name and Location of School | Course of Study/Degree | Dates Attended | Did you Graduate? |
| | Elementary | | | | |
| | High | | | | |
| | College | | | | |
| | Other | | | | |
| List any educational honors, activities, achievements: | | | | | |

| | |
|---------------|---|
| SKILLS | Describe any other special skills, training or abilities you have, such as: typing, languages, computers, equipment operation, etc. |
| | |
| | |
| | |

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer

| | | |
|---|--|--|
| 1 | Company Name | Telephone () |
| | Address | Employed (state month and year) From To |
| | Name and Title of Supervisor | Weekly Pay Start Last |
| | State job title and describe your work | Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|--|--|
| 2 | Company Name | Telephone () |
| | Address | Employed (state month and year) From To |
| | Name and Title of Supervisor | Weekly Pay Start Last |
| | State job title and describe your work | Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|--|--|
| 3 | Company Name | Telephone () |
| | Address | Employed (state month and year) From To |
| | Name and Title of Supervisor | Weekly Pay Start Last |
| | State job title and describe your work | Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|--|--|
| 4 | Company Name | Telephone () |
| | Address | Employed (state month and year) From To |
| | Name and Title of Supervisor | Weekly Pay Start Last |
| | State job title and describe your work | Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|--|--|
| 5 | Company Name | Telephone () |
| | Address | Employed (state month and year) From To |
| | Name and Title of Supervisor | Weekly Pay Start Last |
| | State job title and describe your work | Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|----------|---|---|
| MILITARY | COMPLETE THIS SECTION IF YOU SERVED IN THE ARMED FORCES | Branch of Service: |
| | Describe your duties or special training that relate to this application: | Period of Active Duty (Month and Year) From: _____ To: _____ |
| | | Rank at Discharge: |
| | | Date of Final Discharge: |

| | |
|--------------|---|
| PROFESSIONAL | Describe your position, activities and experience in any applicable professional or civic organizations: List information about any licenses you hold (State, number, date issued, date of expiration) |
| | |
| | |
| | |
| | |
| | |

| | | | |
|------------|---|---------|------------------------|
| REFERENCES | List up to 3 personal references other than employers or relatives: | | |
| | Name | Address | Business or Occupation |
| | 1) | | |
| | 2) | | |
| 3) | | | |

| | |
|-------|--|
| OTHER | Are there any positions or job duties for which you should not be considered? Please explain. |
| | Are there any reasons why you cannot perform the functions associated with the position for which you are applying? (Job descriptions and duties are available for your review) (Please explain) |
| | Will you take a physical exam at the physician of our choice? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last exam: |
| | State the names and addresses of persons to be notified in case of accident or emergency: |

| | |
|-------|--|
| OTHER | Describe any criminal conviction: |
| | State the names of any relatives who are directors, officers or employees of this company: |

| | |
|---------|--|
| REMARKS | Add any statements you feel may clarify or add to the questions in this application. Also add anything you feel may affect the consideration of this application. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|--------|--|
| RESUME | You may attach a resume to this application if you desire. |
|--------|--|

| | |
|-----------|---|
| SIGNATURE | The information provided in this Application for Employment is true, corrent and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I authorize you to investigate all statements in this application, including: my credit and personal history, medical, education, employment references, or driving records. |
| | _____ Date _____ Signature |

| | |
|-------|------------------|
| NOTES | OFFICE USE ONLY: |
| | |
| | |
| | |
| | |
| | |