

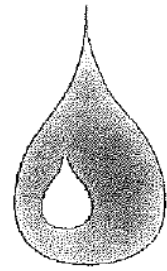
NORTH PRAIRIE RURAL WATER DISTRICT

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.
	When will you be available?		State	Class	
	What is your primary occupation, trade or profession?				Will you accept temporary or part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How did you hear of our organization and/or this position?				Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
				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)			

HOUSES	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.
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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: