



# Application for Employment

4031 Highway 37 Bypass  
 PO Box 399  
 Garrison, ND 58540  
 (701)463-6700 or 1-800-263-4922

An Equal Opportunity Employer & Provider

## Applicant Information

|           |             |              |             |      |  |
|-----------|-------------|--------------|-------------|------|--|
| Full Name |             |              |             | Date |  |
|           | <i>Last</i> | <i>First</i> | <i>M.I.</i> |      |  |

|         |                       |  |              |                 |  |
|---------|-----------------------|--|--------------|-----------------|--|
| Address |                       |  |              |                 |  |
|         | <i>Street Address</i> |  |              |                 |  |
|         |                       |  |              |                 |  |
|         | <i>City</i>           |  | <i>State</i> | <i>Zip Code</i> |  |

|       |  |       |  |
|-------|--|-------|--|
| Phone |  | Email |  |
|-------|--|-------|--|

|                |  |                |    |
|----------------|--|----------------|----|
| Date Available |  | Desired Salary | \$ |
|----------------|--|----------------|----|

|                       |  |
|-----------------------|--|
| Position Applied for: |  |
|-----------------------|--|

|   |                                 |                                |  |                                 |                                |
|---|---------------------------------|--------------------------------|--|---------------------------------|--------------------------------|
| Are you a citizen of the United States? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|---|---------------------------------|--------------------------------|--|---------------------------------|--------------------------------|

|  |                                 |                                |               |  |
|--|---------------------------------|--------------------------------|---------------|--|
| Have you ever worked for this company? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If yes, when? |  |
|--|---------------------------------|--------------------------------|---------------|--|

|   |                                 |                                |  |
|---|---------------------------------|--------------------------------|--|
| Have you ever been convicted of a felony? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |  |
| If yes, explain                           |                                 |                                |  |

## Education

|             |    |                   |                                 |                                |         |  |
|-------------|----|-------------------|---------------------------------|--------------------------------|---------|--|
| High School |    |                   | Address                         |                                |         |  |
| From        | To | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Diploma |  |

|         |    |                   |                                 |                                |        |  |
|---------|----|-------------------|---------------------------------|--------------------------------|--------|--|
| College |    |                   | Address                         |                                |        |  |
| From    | To | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree |  |

|       |    |                   |                                 |                                |        |  |
|-------|----|-------------------|---------------------------------|--------------------------------|--------|--|
| Other |    |                   | Address                         |                                |        |  |
| From  | To | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree |  |



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## References

Please list three professional references.

|                  |  |                     |  |
|------------------|--|---------------------|--|
| <b>Full Name</b> |  | <b>Relationship</b> |  |
| <b>Company</b>   |  | <b>Phone</b>        |  |
| <b>Address</b>   |  |                     |  |

|                  |  |                     |  |
|------------------|--|---------------------|--|
| <b>Full Name</b> |  | <b>Relationship</b> |  |
| <b>Company</b>   |  | <b>Phone</b>        |  |
| <b>Address</b>   |  |                     |  |

|                  |  |                     |  |
|------------------|--|---------------------|--|
| <b>Full Name</b> |  | <b>Relationship</b> |  |
| <b>Company</b>   |  | <b>Phone</b>        |  |
| <b>Address</b>   |  |                     |  |

## Previous Employment

|   |  |                                 |                                |
|---|--|---------------------------------|--------------------------------|
| <b>Company</b>  |  | <b>Phone</b>                    |                                |
| <b>Address</b>  |  | <b>Supervisor</b>               |                                |
| <b>Job Title</b>  |  | <b>Starting Salary</b> \$       | <b>Ending Salary</b> \$        |
| <b>Responsibilities</b>   |  |                                 |                                |
| <b>From</b>   |  | <b>To</b>                       | <b>Reason for Leaving</b>      |
| <b>May we contact your previous supervisor for a reference?</b> |  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

|   |  |                                 |                                |
|---|--|---------------------------------|--------------------------------|
| <b>Company</b>  |  | <b>Phone</b>                    |                                |
| <b>Address</b>  |  | <b>Supervisor</b>               |                                |
| <b>Job Title</b>  |  | <b>Starting Salary</b> \$       | <b>Ending Salary</b> \$        |
| <b>Responsibilities</b>   |  |                                 |                                |
| <b>From</b>   |  | <b>To</b>                       | <b>Reason for Leaving</b>      |
| <b>May we contact your previous supervisor for a reference?</b> |  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |



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## Previous Employment (continued)

|   |  |  |  |                                 |  |                                |  |
|---|--|--|--|---------------------------------|--|--------------------------------|--|
| <b>Company</b>  |  |  |  | <b>Phone</b>                    |  |                                |  |
| <b>Address</b>  |  |  |  | <b>Supervisor</b>               |  |                                |  |
| <b>Job Title</b>  |  |  |  | <b>Starting Salary \$</b>       |  | <b>Ending Salary \$</b>        |  |
| <b>Responsibilities</b>   |  |  |  |                                 |  |                                |  |
| <b>From</b>   |  |  |  | <b>To</b>                       |  |                                |  |
|   |  |  |  | <b>Reason for Leaving</b>       |  |                                |  |
| <b>May we contact your previous supervisor for a reference?</b> |  |  |  | YES<br><input type="checkbox"/> |  | NO<br><input type="checkbox"/> |  |

## Military Service

|   |  |  |  |             |  |  |  |                          |  |  |  |
|---|--|--|--|-------------|--|--|--|--------------------------|--|--|--|
| <b>Branch</b>                           |  |  |  | <b>From</b> |  |  |  | <b>To</b>                |  |  |  |
| <b>Rank at Discharge</b>                |  |  |  |             |  |  |  | <b>Type of Discharge</b> |  |  |  |
| <b>If other than honorable, explain</b> |  |  |  |             |  |  |  |                          |  |  |  |

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature \_\_\_\_\_ Date \_\_\_\_\_