

# Application for Employment

Please fill out form completely for employment consideration. Print and fax, mail, or e-mail when completed.

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.*

## Personal Information

Last Name			First	Middle	Date
Street Address					Home Phone (       ) -
City, State, Zip					
Business Phone (       )        -					Email Address:
What was your previous address?					How long at present address?  _____ Years _____ Months
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.					How long at present address?  _____ Years _____ Months
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____					Social Security No.  -        -
How did you learn of our organization?					
Are you legally eligible for employment in the United States?			When will you be able to work?		
Are you employed now?			If so, may we inquire of your present employer?		
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No        If Yes, describe in full.					

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?

Yes       No      If Yes, please explain.

Drivers License#

State

Any Violations?

Yes       No

## Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year)
	From _____ To _____
	Rank at Discharge
	Date of Final Discharge

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

1.	Company Name	Phone
	Address	Employed (Start Month and Year)
		From _____ To _____
	Name of Supervisor	Hourly Rate
		Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

2.	Company Name	Phone
	Address	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving
3.	Company Name	Phone
	Address	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving
4.	Company Name	Phone
	Address	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact
Employer Number(s) _____
Reason _____

**References:** Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainte
1.			
2.			
3.			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions 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. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**Please complete and mail, fax, or e-mail a copy of this form to:**

City of Thompson  
Attn: Terri Herbert  
PO Box 266, Thompson, ND 58278  
Phone (701) 599-2973  
Fax (701) 599-2964  
[therbert@cityofthompson.org](mailto:therbert@cityofthompson.org)  
[www.cityofthompsonnd.com](http://www.cityofthompsonnd.com)