



EMPLOYMENT APPLICATION
600 S 2nd Street, Suite 8
Bismarck, ND 58504
701-223-4517 / 888-603-8376

Position applying for: _____

PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Work Telephone	Home Telephone		Email Address	
Mailing Address		City	State	Zip Code
Have you ever applied for employment with us? _____ Yes _____ No Month & Year _____				
If hired, can you provide proof that you are eligible to work in the United States? _____ Yes _____ No				
When will you be available to begin work?		Hours Available?		
Have you ever been convicted of a crime other than a minor traffic violation? _____ Yes _____ No				
If yes , please explain: _____				
How did you become aware of Dacotah Foundation and/or job opening?				

EDUCATION AND / OR TRAINING

Did you graduate from high school or receive a GED Certificate? _____ Yes _____ No						
Name & Location of School _____						
School Name & Location (College, Business, Nursing, Vocational, Other)	Number of Credits		Field of Study		Did you You Graduate	Diploma or Degree Earned
	Qtr.	Sem.	Major	Minor		
					____ Yes ____ No	
					____ Yes ____ No	
					____ Yes ____ No	
Other special training or skills (languages, machine operation, computer, volunteer experience, training):						

License or Certifications

License/Certification	State	Profession	License/Certification#	Expire Date

EMPLOYMENT HISTORY: (provide detail; do not use "see resume")

* Start with your current (or last) job - include service in the Armed Forces and any self-employment

* Any change of job title under the same employer should be considered a separate position

* If additional space is needed please complete "Additional Employment History" section on page 3

May we contact your current employer for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
No. 1	Employer	Telephone Number	Supervisor Name
Type of Business		Address	
Your Job Title		Dates Employed (include month & year) From: _____ To: _____	Avg Hrs Worked per Wk
Duties			
Monthly/ Hourly Salary		Reason for Leaving	
No. 2	Employer	Telephone Number	Supervisor Name
Type of Business		Address	
Your Job Title		Dates Employed (include month & year) From: _____ To: _____	Avg Hrs Worked per Wk
Duties			
Monthly/ Hourly Salary		Reason for Leaving	
No. 3	Employer	Telephone Number	Supervisor Name
Type of Business		Address	
Your Job Title		Dates Employed (include month & year) From: _____ To: _____	Avg Hrs Worked per Wk
Duties			
Monthly/ Hourly Salary		Reason for Leaving	

Please complete additional employment history section if you need more room

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.

Signature _____

Date _____

<p>Equal Opportunity Employer: Dacotah Foundation does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and complies with the provisions of the ND Human Rights Act</p>
