

South Central Adult Services Application for Employment

Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status or handicap.

P E R S O N A L I N F O R M A T I O N	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? ___ Yes ___ No If yes: Month and Year _____ Location _____			Social Security Number
	Position Desired			Pay Expected
	Are you a citizen of the United States? ___ Yes ___ No If No, do you possess an Alien Registration Card? ___ Yes ___ No			Are you available to work: (Please check all that apply) _____ Full Time _____ Part Time
	Do any of your friends or relatives work here? ___ Yes ___ No If Yes, please list names:			Are you on lay-off and subject to recall? ___ Yes ___ No
	Have you been convicted of a felony or released from prison within the last 7 years? ___ Yes ___ No If Yes, describe in full, including date(s):			Are you a Veteran? ___ Yes ___ No Branch: Rank:
	Do you have a disability, a handicap or a medical condition that limits your job performance? ___ Yes ___ No If Yes, please explain: How many pounds are you able to lift without injury? _____			When would you be available to begin work?

Please fill in the times you are available for work each day.

_____ Mon. Tue. Wed. Thu. Fri.

From:

To:

E D U C A T I O N	School	Name & Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				___ Yes ___ No	
	College				___ Yes ___ No	
	Business/Trade Technical				___ Yes ___ No	
	High School				___ Yes ___ No	
	Elementary				___ Yes ___ No	

EMPLOYMENT

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

1	Company Name	Telephone ()
	Address	Employed-(State month & year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed-(State month & year) From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed-(State month & year) From To
	Name of Supervisor	Hourly Pay Start Last
	State 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 _____ _____

List special skills and qualifications acquired from employment and other experience:

List membership in trade and professional organizations, and offices held, if any:

Please list volunteer activities:

Additional comments/information:

REFERENCES: Please list below three individuals who are not related to you and are not previous employers.

Name

Address

Telephone Number

1.

2.

3.

Please initial the following statements as verification of your status at the present time:

1. I declare that I have not been convicted of a Driving Under the Influence charge.

Initials

Date

2. I declare that I have not been convicted of a Moving Violation charge in the past two (2) years.

Initials

Date

3. I declare that I do not have a contagious disease.

Initials

Date

4. I declare that I own a motor vehicle that meets with the North Dakota requirements governing vehicle registration, license, insurance and equipment safety.

Initials

Date

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

2. It is my understanding that South Central Adult Services will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by South Central Adult Services and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

3. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for no definite period of time and the South Central Adult Services Council can change wages, benefits and conditions at any time.

I have read and understand the above statements:

Signature: _____ Date: _____