



Application for Employment

2020 – 8th Ave SE
 Minot, ND 58701-5035
 Phone (701) 839-7221
 Toll Free (800) 726-8645
 Fax (701) 839-1747
 TDD (701) 852-3028

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classification.

Name	Telephone Number		Date
Address	City	State	Zip

Are you over 18 years old? Yes No

Are you authorized to work in the United States on an unrestricted basis? Yes No

How did you learn of this opening? _____

Do you have a relative working for Community Action? If so, whom? _____ Yes No

Have you been told the essential functions of the job or have you been shown a copy of the position description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are there any hours or days you cannot or will not work? _____

Status Preferred Part Time Full Time

Are you willing to work overtime if required? Yes No

Have you ever pled or been found guilty of a felony charge, including a felony charge that was later dismissed under a deferred imposition of sentence? Yes No

If yes, describe the conditions. (Conviction will not necessarily disqualify an applicant for employment.)

Education	Name & Location of School	Year Graduated	Major	Diploma or Degree
High School		X	X	
College/University				
College/University				
Other Training/Education				

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our agency? _____

Position(s) applied for _____

Wage or salary desired \$ _____ When can you start? _____

Page 2 Application for Employment

Work History

May we contact your present employer? Yes No

Most Recent Employer		Address		Telephone	
Date Began	Date Ended	Beginning Position	Ending Position	Beginning Salary	Ending Salary
Name of Supervisor			Title		
Description of Duties			Equipment/Machines Operated		
			Reason for Leaving		
Previous Employer		Address		Telephone	
Date Began	Date Ended	Beginning Position	Ending Position	Beginning Salary	Ending Salary
Name of Supervisor			Title		
Description of Duties			Equipment/Machines Operated		
			Reason for Leaving		
Previous Employer		Address		Telephone	
Date Began	Date Ended	Beginning Position	Ending Position	Beginning Salary	Ending Salary
Name of Supervisor			Title		
Description of Duties			Equipment/Machines Operated		
			Reason for Leaving		

Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize the agency to make an investigation of any of the facts set forth in this application and release the agency from any liability.

I understand that employment at this agency is "at will", which means that either I or the agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of the agency, other than the Executive Director in signed writing, has any authority to alter the foregoing.

Applicant's Signature _____ Date _____