

Application for Employment

Rolette County, PO Box 939, Rolla ND 58367
Rolette County is an equal opportunity employer

Personal Information

Name _____ SSN _____
Last First MI

Present Address _____
Address/Box City State Zip Code

Telephone # _____ Message # _____ Driver's License Yes No Class _____

In case of emergency notify _____
Name Phone # Relationship

General Information

Position Applying for (be specific): _____		Date you can start: _____		Salary or wage expected: _____					
Check if you are willing to accept		Please fill in the times you are available to work each day							
<input type="checkbox"/> Full Time	<input type="checkbox"/> Permanent	Hours available	Sun	Mon	Tues	Wed	Thu	Fri	Sat
<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary		From						
<input type="checkbox"/> Shift Work	<input type="checkbox"/> Seasonal		To						
Have you ever been employed with us before? Yes No If yes, give date _____					Have you ever been convicted of a felony within the last 7 years? Yes No If Yes, Please explain _____				

Education/Training

Place an "x" in front of the highest grade completed
 7 8 9 10 11 12 13 14 15 16 17 18

Name of School	Course of Study	Degree, Diploma, Certificate,

Other courses/classes/training which may be pertinent

Special skills/abilities/certificates/license(s)/equipment/software operated:

List any other qualifications which should be considered:

Military Information: _____	Are you a veteran? Yes No Branch _____
Dates of Service: From: _____	To: _____

(Continue on next page)

Employment Experience

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please complete the work history section starting with your present or most recent job			
Employer		Address, City, State	
Job Title		Telephone #	Hours worked per week
List specific tasks completed on the job		Machines/Equipment you have operated	
Date Started:	Date Ended:	Wage \$ _____ per	Reason for Leaving
Employer		Address, City, State	
Job Title		Telephone #	Hours worked per week
List specific tasks completed on the job		Machines/Equipment you have operated	
Date Started:	Date Ended:	Wage \$ _____ per	Reason for Leaving
Employer		Address, City, State	
Job Title		Telephone #	Hours worked per week
List specific tasks completed on the job		Machines/Equipment you have operated	
Date Started:	Date Ended:	Wage \$ _____ per	Reason for Leaving

Please summarize any other work history you may have:

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

Name	Address	Telephone #

I certify that answers given herein are true and complete to the best of my knowledge.

_____ **Date**

_____ **Signature of Applicant**