



Anamoose ♦ Devils Lake
Harvey ♦ Rugby ♦ Towner

301 14th Street NW
Devils Lake, ND 58301
Phone (701) 665-4449

Employment Application

PERSONAL INFORMATION

Name: _____ Date: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Email: _____

Home Phone: _____ Cell Phone: _____

EMPLOYMENT DESIRED

Position desired: _____ Date available to begin: _____

Have you previously applied for a position with this program? Yes No

Were you referred to Early Explorers by a current staff member? Yes No

If yes, who: _____

Are you currently certified in CPR? Yes No

Are you currently certified in First Aid? Yes No

Do you have a current TB screening: Yes No

Do you have a current and valid ND driver's license? Yes No

EDUCATIONAL BACKGROUND

| | Name/location of school | Years | Graduate? | Degree/Focus |
|---|-------------------------|-------|-----------|--------------|
| <input type="checkbox"/> High School <input type="checkbox"/> GED | _____ | | | |
| College/University: | _____ | | | |
| Trade/Business/ | _____ | | | |
| Correspondence School: | _____ | | | |
| Other: | _____ | | | |
| | _____ | | | |

GENERAL INFORMATION

Subjects of special study, training, and skills

EMPLOYMENT HISTORY

| Dates from/to | Name/Address of Employer | Salary | Position | Reason for Leaving |
|---------------|--------------------------|--------|----------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PERSONAL REFERENCES

Please provide the names of three persons, not related to you, and whom you have known for at least one year who can prove a personal character reference upon our contact.

| Name | Address | Phone Number | Years Known |
|---------|---------|--------------|-------------|
| 1 _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ |

Authorization – I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsified statements may be the grounds for dismissal. I authorize investigation of all statements contained including references and employers listed.

Signature of Applicant

Date

Do Not Write Below This Line

Date Application Received _____ Resume Attached Yes No

Letter Attached Yes No Chosen for Interview Yes No Time: _____

Comments:

Interviewed By: _____ Date: _____

Position Offered _____ Accepted Position _____ P/C approval _____

Supervisor _____ Wage _____ Starting Date _____