

401 North 9th Street Bismarck, ND 58501-4507 701-530-5700

APPLICATION FOR EMPLOYMENT (HR-1.006)

An Equal Opportunity/Affirmative Action Employer – minorities/females/veterans/individuals with disabilities/sexual orientation/gender identify/Indian preference

Name (last name, first name, i	niddle initial)					Social security no.
Present address		City			State	Zip
Permanent address		City	City		State	Zip
Home phone		Cell phone			E-mail	
	lly becoming employed ir	n the United States because of Visa or Im		migration	Are you under 16 yrs of age?	
Status? [] Yes [] No Proof of citizenship or immigration status will be required upon employment [] Yes [] No Are you currently named as a defendant or convicted of a felony or misdemeanor for mistreatment, neglect or abuse of any person, or a misappropriation of property? [] Yes [] No Have you been convicted of any other felony or misdemeanor? [] Yes [] No Please explain:						
A criminal conviction record does not by itself constitute an absolute bar to employment. The nature of the conviction will be examined on a case-by-case basis, including subsequent rehabilitation, and will be considered in relation to the responsibilities of the position sought in making each employment decision.						
DESIRED EMPLOY	MENT					
Position	_	Date you ca	n start?		# of hours	Wage desired
Have you ever applied to or w	pefore?	When?	Under what name?		Under what name?	
Reason for leaving			Name of last supervisor at this company			
Who referred you to this company? [] employment agency [] newspaper advertisement [] friend [] walk-in [] other						
[] NPL Employee referral, fire	st and last name:					
EDUCATION						
SCHOOL LEVEL	NAME AND LOCA	TION OF SCH	HOOL	NO. OF YRS ATTENDED	DID YOU GRADUATI	E SUBJECTS STUDIED
Grammar School						
High School						
College						

WORK HISTORY

List previous employers, starting	g with the most rec	ent/current emplo	oyer. Indicate if you	were er	nployed under a	different name.
Name of most recent or current of the second of the s	employer					
Address		City			State	Zip
Starting date	Leaving date		Job title			
Ü	J					
Name of supervisor	Di	none		May w	e contact this empl	over for a
realite of supervisor	' '	ioric		referen	nce?	oyer for a
Tab shaffan				[]у	res [] no	
Job duties						
Reason for leaving						
2. Name of employer						
		Т			T =	T
Address		City			State	Zip
Starting date	Leaving date	1	Job title			•
Name of supervisor	Ph	none		May w	e contact this empl	oyer for a
•				referen	nce?	•
Job duties				[]y	res [] no	
cos adilico						
December leaving						
Reason for leaving						
Name of employer						
Address		City			Stata	7in
Address		City			State	Zip
			T			
Starting date	Leaving date		Job title			
Name of supervisor	Ph	none			e contact this empl	oyer for a
				referen		
Job duties	I				11 []110	
Reason for leaving						

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

REFERENCES

List below the names of three persons not related to you or previous employers, whom you have known at least one year.

NAME	ADDRESS AND PHONE	RELATIONSHIP	YRS KNOWN

LICENSURE INFORMATION

ſ	For positions requiring a professional license, list the	positions requiring a professional license, list the license name, number and expiration date					
l							
L							
l	Are you licensed in North Dakota?	If not, have you applied for licensure?	When?				
l	[]ves []no	[]ves []no					

AUTHORIZATION AND AGREEMENT – Please read before signing

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be removed from the job after appointment. I understand that under Title VII of the Civil Rights Act of 1964 and the North Dakota Human Rights Act, I cannot be discriminated against in employment, including consideration for promotion, for reason of race, color, religion, national origin, sex, or on the basis of age, physical or mental disability, or status as a protected veteran. I further understand that this employment application and other employment related documents I may have been furnished are not contracts of employment; also, that any oral or written statements to the contrary are hereby expressly disavowed. The employer has my authorization to thoroughly investigate my work, criminal and personal history which is job related. I certify that I will hold no person, corporation or organization liable for giving or receiving information in this investigation.

I further understand that if I am employed, such employment is for an indefinite period of time, that either I or NPL can terminate such employment at anytime, and that NPL can change wages, benefits and conditions at anytime.

DATE SIGNATURE

Release: Having made application for employment with NPL and desiring them to be informed as to my previous record and character, I hereby authorize NPL to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information.

DATE SIGNATURE

NPL provides an orientation period, which allows NPL to review you and your adjustment to your new position. During this orientation period, you and your supervisors have the freedom to terminate your employment at NPL without notice. NPL operates continuously and you are expected to perform services in accordance with your job description and approved work schedule.

Thank you for completing this application form and for your interest in employment with Northern Plains Laboratory. We assure you that your opportunity for employment will be based only on your merit, employment history, and academic background.