



City of Hillsboro North Dakota Job Application PERSONAL DATA

NAME (last, first, middle)		PREFERRED FIRST NAME	TODAY'S DATE
CONTESTANT NUMBER	TELEPHONE NUMBER	ALTERNATE NUMBER	E-MAIL
PRESENT ADDRESS		CITY/STATE/ZIP	Time at Address
PERMANENT ADDRESS		CITY/STATE/ZIP	Time at Address
Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO CDL License <input type="checkbox"/> YES <input type="checkbox"/> NO 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No VISA TYPE: (if not a citizen)	HAVE YOU EVER WORKED FOR A COMPANY UNDER A DIFFERENT NAME? <input type="checkbox"/> Yes <input type="checkbox"/> No IS ANY ADDITIONAL INFORMATION RELATING TO YOUR NAME CHANGE NEEDED TO VERIFY YOUR WORK RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> No – IF YES, PROVIDE FORMER NAME AND EXPLANATION.	
		CAN YOU TRAVEL IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO % OF TIME WILLING TO TRAVEL	
		WHAT LANGUAGES DO YOU SPEAK AND WRITE FLUENTLY?	IF REQUIRED BY EMPLOYER, ARE YOU WILLING TO TAKE A PHYSICAL AND/OR DRUG TEST? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

BUSINESS / PROFESSIONAL REFERENCES	NAME/TITLE	COMPANY/RELATION	PHONE	E-MAIL	YRS KNOWN

EDUCATION

Name of School (city, state)	Degree	Major studies	Years Attended	Graduated?	GPA (4.0 scale)
High School					
College/Institution (Undergraduate)					
College/Institution (Undergraduate)					
College (Graduate)					
SCHOLASTIC HONORS, SCHOLARSHIPS, ASSISTANTSHIPS, ETC:			CERTIFICATIONS/PROFESSIONAL LICENSSES:		
% College Expenses Earned %		Describe work experience in college			

SKILLS

PLEASE INDICATE SKILLS IN THE FOLLOWING AREAS THAT MIGHT FURTHER QUALIFY YOU FOR A POSITION WITH OUR COMPANY
RETAIL/SALES/CUSTOMER SERVICE
FARMING/WELDING/EQUINE
WAREHOUSE/MATERIAL HANDLING EQUIPMENT
OFFICE
OTHER

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR VERIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No		MAY WE CONTACT YOU AT YOUR PLACE OF BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE AVAILABLE FOR NEW POSITION?	HOW LONG HAVE YOU CONSIDERED MAKING CHANGE?	WHEN AVAILABLE TO INTERVIEW?	
TYPE OF POSITION DESIRED			
STARTING SALARY EXPECTED \$	MINIMUM ACCEPTABLE \$		
NAME 3 MAJOR STRENGTHS			
NAME 3 MAJOR WEAKNESSES			
WHAT ARE YOU MISSING THAT COULD HELP YOU REACH YOUR GOALS (JOB OBJECTIVE)?			
WHAT IS YOUR GREATEST ACHIEVEMENT (SCHOOL/WORK)?			

Please begin with present or most recent employer. Account for full-time and part-time or temporary employment.

PRESENT OR MOST RECENT EMPLOYER		From Mo/Yr	To Mo/Yr	Job Title – Start
Address		Company Car <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Title – Present/Termination
City State Zip		Expenses <input type="checkbox"/> Yes <input type="checkbox"/> No		Products Involved
		Nights Away Per Week		
Name of Immediate Supervisor Title		Starting Salary/Wage \$		Geographic Area Involved
Department Phone		Ending Salary/Wage \$		Main Competitors
Major Responsibilities				
Major Accomplishments				
Reason for Leaving				

NEXT TO LAST EMPLOYER		From Mo/Yr	To Mo/Yr	Job Title – Start
Address		Company Car <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Title – Upon Leaving
City State Zip		Expenses <input type="checkbox"/> Yes <input type="checkbox"/> No		Products Involved
		Nights Away Per Week		
Name of Immediate Supervisor Title		Starting Salary/Wage \$		Geographic Area Involved
Department Phone		Ending Salary/Wage \$		Main Competitors
Major Responsibilities				
Major Accomplishments				
Reason for Leaving				

SECOND TO LAST EMPLOYER		From Mo/Yr	To Mo/Yr	Job Title – Start
Address		Company Car <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Title – Upon Leaving
City State Zip		Expenses <input type="checkbox"/> Yes <input type="checkbox"/> No		Products Involved
		Nights Away Per Week		
Name of Immediate Supervisor Title		Starting Salary/Wage \$		Geographic Area Involved
Department Phone		Ending Salary/Wage \$		Main Competitors
Major Responsibilities				
Major Accomplishments				
Reason for Leaving				

I hereby swear that all information provided is true and accurate as of the submission of this form.

Signature:	Date:
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