



4TH CORPORATION

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

120 11th Street
New Rockford, ND 58356

320 West Walnut
Devils Lake, ND 58301



NAME: LAST _____ FIRST _____ MIDDLE _____ ADDRESS: NUMBER & STREET _____ CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ WORK/MESSAGE TELEPHONE _____ SOCIAL SECURITY NUMBER _____ FOR AGENCY USE _____ CONTACT: _____

U.S. CITIZEN YES NO IF NO, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? PLEASE EXPLAIN: _____ HAVE YOU EVER WORKED FOR 4TH CORPORATION? YES NO

POSITION DESIRED _____ SALARY DESIRED _____ POSITION(S) HELD: _____ WHEN: _____

ARE YOU UNDER 18 YEARS OF AGE? YES NO HOW WERE YOU REFERRED TO 4TH CORPORATION? _____

IF YES, LIST AGE _____

EDUCATION RECORD

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MASTER FIELD OF STUDY	TYPE OF DIPLOMA DEGREE, OR CERT.
LAST PRIMARY OR SECONDARY SCHOOL ATTENDED			1 2 3 4 5 6 7 8 9 10 11 12		HIGH SCHOOL GRAD <input type="checkbox"/> YES <input type="checkbox"/> NO OR EQUIVALENT GED
BUSINESS OR VOCATIONAL SCHOOL			DATES ATTENDED FROM: _____ TO: _____		
COLLEGE					
OTHER					

REFERENCES

1.	NAME _____	ADDRESS _____	PHONE _____	YEARS KNOWN _____
2.	NAME _____	ADDRESS _____	PHONE _____	YEARS KNOWN _____
3.	NAME _____	ADDRESS _____	PHONE _____	YEARS KNOWN _____

EMPLOYMENT INFORMATION

(Applicants should be aware that interviews may be scheduled, based substantially upon responses to this section.)

TYPE OF EMPLOYMENT DESIRED (check all that apply)

FULL-TIME TEMPORARY
 PART-TIME SUB OR FILL

LOCATIONS WILLING TO WORK: (check all that apply)

NEW ROCKFORD CARRINGTON
 DEVILS LAKE FESSENDEN
 OTHER _____

ARE YOU WILLING/ABLE TO WORK: (all boxes must be checked)

DAYS YES NO GROUP HOMES YES NO
EVENINGS YES NO ISLA YES NO
WEEKENDS YES NO WORKSHOP YES NO
AWAKE-NIGHT YES NO OTHER _____
SLEEPOVERS YES NO

DATE AVAILABLE _____

FOR AGENCY USE: _____

INTERVIEWED BY _____ DATE _____

EMPLOYMENT RECORD

(Begin with your most recent employment position, including military and past volunteer work, and outline your work history, if applicable. Use additional employment record sheets, if necessary.)

Duties: Describe your work in sufficient detail to show exactly what you did. Break down the job into the major duties or types of work, estimating the percentage of time spent on each. Bear in mind that your qualifications can be evaluated properly only if you describe your work experience clearly and completely. A resume is not a substitute, but may be included with completed application.

1.

PRESENT OR LAST EMPLOYER OR COMPANY **JOB TITLE**

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE STARTED _____ DATE LEFT _____
 MO _____ YR _____ MO _____ YR _____

PAY AT START _____ PER _____ \$ _____ PER _____
 \$ _____ PER _____ \$ _____ PER _____

Hours worked per week _____
 Total Employed: _____
 Years _____ Months _____

WHAT WERE YOUR DUTIES? _____

4.

EMPLOYER OR COMPANY **JOB TITLE**

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE STARTED _____ DATE LEFT _____
 MO _____ YR _____ MO _____ YR _____

PAY AT START _____ PER _____ \$ _____ PER _____
 \$ _____ PER _____ \$ _____ PER _____

Hours worked per week _____
 Total Employed: _____
 Years _____ Months _____

WHAT WERE YOUR DUTIES? _____

2.

REASON FOR LEAVING OR WANTING TO LEAVE

EMPLOYER OR COMPANY **JOB TITLE**

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE STARTED _____ DATE LEFT _____
 MO _____ YR _____ MO _____ YR _____

PAY AT START _____ PER _____ \$ _____ PER _____
 \$ _____ PER _____ \$ _____ PER _____

Hours worked per week _____
 Total Employed: _____
 Years _____ Months _____

WHAT WERE YOUR DUTIES? _____

REASON FOR LEAVING

OTHER **ADDITIONAL WORK EXPERIENCE, INCLUDING VOLUNTEER WORK**

Dates _____ Company/Organization _____ Type of Work _____

(Ask for additional employment record sheets for more entries).
MILITARY **HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE U.S.**
 ARMED FORCES? Yes No
 DATES: FROM _____ TO _____

BRANCH _____ PRIMARY DUTIES _____

3.

REASON FOR LEAVING

EMPLOYER OR COMPANY **JOB TITLE**

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE STARTED _____ DATE LEFT _____
 MO _____ YR _____ MO _____ YR _____

PAY AT START _____ PER _____ \$ _____ PER _____
 \$ _____ PER _____ \$ _____ PER _____

Hours worked per week _____
 Total Employed: _____
 Years _____ Months _____

WHAT WERE YOUR DUTIES? _____

SIGNATURE In order to be considered, I agree to notify the Employment Office during the open period for each vacancy, unless specifically waived in writing. I understand that any false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request each and every former employer, school, individual, or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or record. As a **CONDITION OF EMPLOYMENT**, I agree to submit documents relating to my identity and employment, authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986. If hired, I understand probationary, temporary, and unclassified employees have no rights to permanent employment or appeal rights, if terminated. This application must be signed and dated for consideration of employment and will be maintained on active file for six months.

X SIGNATURE _____ DATE _____

4th Corporation is an Equal Opportunity Employer and therefore, does not discriminate because of race, color, religion, sex, disability, national origin, ancestry, age, or marital status.
 NOTICE: 4th Corporation does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its programs or activities.

REASON FOR LEAVING