



A non-profit organization serving people with disabilities

1007 18th Street NW • Mandan, ND 58554

Tel: 701-663-0379 • Fax: 701-663-1535 • www.hitinc.org

Email: careers@hitinc.org

APPLICATION FOR EMPLOYMENT

1. PERSONAL:

Name: _____

Present Address: _____

Home Phone Number: () _____ Cell Number: () _____

Email address: _____ Are you 18 years of age or older? If no, please enter birthdate _____

2. DESIRED EMPLOYMENT: Indicate by position or general interest area (s):

1. _____

2. _____

Do you want to work ___ Full-time or ___ Part-time? If full-time position is not available, are you willing to work less than full-time? ___ Yes ___ No. Specify days and hours you are available for employment.

Have you worked for us before? ___ Yes ___ No

If yes, when and under what name? _____

If hired, on what date will you be available to start work? _____

What is the lowest entrance salary you will accept? _____

3. MILITARY

Have you ever been a member of the armed services or in a state militia? ___ Yes ___ No.

If yes, did your military experience have any relationship to the position for which you have applied? _____

4. EDUCATION and/or TRAINING:

Did you graduate from high school? _____ Yes _____ No. If not a high school graduate, do you have a GED equivalency certificate? _____ Yes _____ No.

Formal education beyond high school (example: technical/vocational programs, colleges, universities):

Name & Location (list most recent first)	Major Field	Minor Field	How long did you attend?	Type of Degree/ Certificate Granted?
1.				
2.				
3.				

List job related workshops and seminars you have attended:

5. LICENSES:

Please list professional license, certifications, registration or other forms of professional recognition which are job related:

- 1. Drivers License _____ Date of Expiration: _____
- 2. Professional License _____ Date of Expiration: _____
- 3. Other _____ Date of Expiration: _____

6. VOLUNTEER EXPERIENCE:

List job related volunteer and unpaid work experiences and indicate your responsibility, amount of time devoted to that activity each month, and dates during which work occurred:

7. EMPLOYMENT HISTORY

If former employee(s) will recognize you by another name, please specify for employment verification purposes:

Provide information about your last 3 jobs. Begin with present or most recent employment.

Present or Most Recent Employer:		Kind of Business:	
Address, City, State, Phone No.:			
Your Title:		Name of Supervisor & Current Phone No.:	
Your Duties: (indicates size of business, specific job duties, related special assignments, supervisory responsibilities if any, etc.)		Full-Time _____	
		Part-Time _____	
		If part-time, number of hours per week:	
		From _____ To _____ Mo./Yr. Mo./Yr.	
Reason for leaving: Starting and ending wage:		May we contact this employer?	
		<input type="checkbox"/> Yes, immediately	
		<input type="checkbox"/> Yes, at a later date	
		<input type="checkbox"/> No, I do not want to have this employer contacted	
2nd Most Recent Employer:		Kind of Business:	
Address, City, State, Phone No.:			
Your Title:		Name of Supervisor & Current Phone No.:	
Your Duties: (indicates size of business, specific job duties, related special assignments, supervisory responsibilities if any, etc.)		Full-Time _____	
		Part-Time _____	
		If part-time, number of hours per week:	
		From _____ To _____ Mo./Yr. Mo./Yr.	
Reason for leaving: Starting and ending wage:		May we contact this employer?	
		<input type="checkbox"/> Yes, immediately	
		<input type="checkbox"/> Yes, at a later date	
		<input type="checkbox"/> No, I do not want to have this employer contacted	
3rd Most Recent Employer:		Kind of Business:	
Address, City, State, Phone No.:			
Your Title:		Name of Supervisor & Current Phone No.:	
Your Duties: (indicates size of business, specific job duties, related special assignments, supervisory responsibilities if any, etc.)		Full-Time _____	
		Part-Time _____	
		If part-time, number of hours per week:	
		From _____ To _____ Mo./Yr. Mo./Yr.	
Reason for leaving: Starting and ending wage:		May we contact this employer?	
		<input type="checkbox"/> Yes, immediately	
		<input type="checkbox"/> Yes, at a later date	
		<input type="checkbox"/> No, I do not want to have this employer contacted	

8. PERSONAL REFERENCES:

Do not include relatives or more than one member of a post secondary education and/or training program:

Name	Telephone # 8-5	Occupation	Relationship	Yrs. Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. BACKGROUND INFORMATION:

Have you ever been convicted of a criminal activity (felony or misdemeanor)? _____ Yes _____ No

Comments: _____

Have you been convicted of or do you have a prior history of child or client abuse, neglect or mistreatment?

Yes _____ No _____

Comments _____

(Indicating yes does not automatically disqualify you from employment.)

10. CERTIFICATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I understand that under Title VII of the Civil Rights Act of 1964, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical or cognitive impairment. I understand and agree that my relationship with HIT, Inc. would be voluntarily entered into and would be subject to termination by me or my employer at will, with or without cause, at any time either party would believe such action to be appropriate.

Signature: **X** _____ Date _____

RELEASE FOR EMPLOYMENT APPLICATION INFORMATION

I hereby authorize HIT, Inc. to process my application for employment by checking listed references and by verifying statements made on this "Application for Employment." A photocopy of this release is as valid as the original for checking those references listed and for verifying statements made by checking with law enforcement agencies, the Drivers Licence Division and Child Neglect and Abuse Program of the Department of Human Services. I authorize investigation of all statements contained herein and I authorize all former employers and references listed in the application to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise. I also hereby release such individuals from whom HIT, Inc. may request information concerning me from all liability for any damage whatsoever incurred in furnishing information.

Signature: **X** _____ Date _____

Social Security Number: _____