

PER 051123



A non - profit organization serving people with disabilities

201 4th Ave NW • Mandan, ND 58554

Tel: 701-663-0379 • Fax: 701-667-7561 • Web: www.HITCareers.org

APPLICATION FOR EMPLOYMENT

1. BASIC INFO

First Name: _____ Last Name: _____

Current Address: _____ Home Phone: _____

_____ Cell Phone: _____

Which position(s) are you interested in: _____

Email address: _____

Are you seeking: _____ Full Time _____ Part Time

Are you seeking: _____ Days _____ Evenings _____ Overnights

Have you worked with HIT, Inc. previously: _____ Yes _____ No

If yes, please indicate dates worked and previous site(s): _____

Are you related to any current employee of HIT, Inc: _____ Yes _____ No

If yes, please list and indicate relation: _____

What is your earliest start date, if hired: _____

What is the rate of pay you are seeking: _____

2. EDUCATION / TRAINING

Are you 18 years of age or older: Yes No

Do you have a high school diploma or equivalent: Yes No

Do you have formal education beyond high school or equivalent: Yes No

If yes, please list in the box below:

School Name (Most Recent First)	Major	Minor	Certificate or Degree

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

If yes, please list any relevant military experience: _____

List any job related workshops or seminars you have attended: _____

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

Do you have any certifications, licenses, or additional forms of professional recognition: Yes No

If yes, please list in the box below:

Type of License / Certificate / Registration	Expiration Date

Please list any volunteer experience:

3. EMPLOYMENT HISTORY

Would an employer know you by another name: _____ Yes _____ No

If yes, please list: _____

Please use the space below to list your most recent 3 jobs, beginning with the most recent.

Business Name: _____	Type of Industry: _____
Address: _____	Business Phone Number: _____
_____	Hours Worked Per Week: _____
Your Position: _____	Dates of Employment _____
Your Duties: _____	
Reason for Leaving: _____	May We Contact: _____

Business Name: _____	Type of Industry: _____
Address: _____	Business Phone Number: _____
_____	Hours Worked Per Week: _____
Your Position: _____	Dates of Employment _____
Your Duties: _____	
Reason for Leaving: _____	May We Contact: _____

Business Name: _____	Type of Industry: _____
Address: _____	Business Phone Number: _____
_____	Hours Worked Per Week: _____
Your Position: _____	Dates of Employment _____
Your Duties: _____	
Reason for Leaving: _____	May We Contact: _____

4. PERSONAL REFERENCES

Please list 3 people who can attest to your quality of work.

No relatives. Maximum of 1 former instructor / advisor.

Name	Telephone Number	Relation	Years Known

5. BACKGROUND INFORMATION

Have you ever been convicted of or plead guilty or “no contest” to a felony or misdemeanor? Yes No

If yes, please list dates and charges: _____

Are you currently registered as a sex offender or have you ever been required to register as a sex offender? Yes No

If Yes Please Explain: _____

Have you been convicted of Child Abuse and/or Neglect, or would your name be found on an assessment decision for Services Required or otherwise from the North Dakota Department of Human Services: Child Abuse and Neglect Program? Yes No

If Yes Please Explain: _____

5. 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 mental handicap. 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)

(Date)