



First Dakota Enterprises, Inc.
General Contractor

Job Application

Office Use Only

Date Received: _____ By: _____

We appreciate your interest in working at First Dakota Enterprises, Inc.. An equal opportunity employer, our employment practices are in accordance with the laws that prohibit discrimination due to race, sex, sexual orientation, age, disability, or national origin. This application form was designed for use by persons applying for various types of positions. All information will be treated confidentially.

PLEASE TYPE OR PRINT

Full Name:						Date:			
<i>Last</i>		<i>First</i>		<i>M.I.</i>					
Address:									
<i>Street Address</i>		<i>Apartment/Unit #</i>							
						<i>State</i>		<i>ZIP Code</i>	
Phone:				E-mail Address:					
Date Available:				Social Security No.:				Desired Salary: \$	
Position Applied for:									
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:									
Education									
High School:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
References									
Please list three professional references.									
Full Name:				Relationship:					
Company:				Phone:					
Address:									
Full Name:				Relationship:					
Company:				Phone:					
Address:									
Full Name:				Relationship:					
Company:				Phone:					
Address:									

Previous Employment

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list full and part-time jobs, summer or volunteer work during the past ten years. Include periods of military service, self-employment and unemployment. Please leave no unexplained gaps. Attach separate sheet if necessary.

Company:		Phone	
Address:			Supervisor:
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	
Address:			Supervisor:
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	
Address:			Supervisor:
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Which of these jobs did you like best?
 What did you like most about this job?

Military Service

Branch:		From:	
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			

General

List professional certifications (CDL, Hazmat, CPR, etc.) and date received: _____

Activities: (Civic, Athletic, Etc.) _____

Disclaimer and Signature

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, additions, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the company. I understand that no company representative other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I understand that if I am terminated at any time for any reason, any money owed to the company can and will be withheld from my last paycheck.

Signature:		Date:	
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