



City of Cavalier
 301 Division Ave N
 P.O. Box 750
 Cavalier, ND 58220
 Ph. 701.265.8800
 Fax 701.265.8720

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For:

Date of Application:

First Name:

First Name:

Middle Name:

Address:

City:

State:

Zip Code:

Telephone Number:

Social Security Number:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

___ Yes

___ No

Are you 16 years of age or older?

___ Yes

___ No

Have you filed an application with the city in the past 3 years?

___ Yes

___ No

Have you ever been employed at the City of Cavalier or the CMU?

___ Yes

___ No

Are any of your relatives employed here?

___ Yes

___ No

Are you currently employed?

___ Yes

___ No

If so, may we contact your present employer?

___ Yes

___ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration

status?

___ Yes

___ No

What is your desired salary range? _____

Date available for work ____/____/____

Are you currently on "lay-off" status and subject to recall?

___ Yes

___ No

Can you travel if a job requires it?

___ Yes

___ No

Education	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
College / Professional				
Other (Specify)				

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed	Work Performed:
Address		
Telephone Number	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason for Leaving	Final:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed	Work Performed:
Address		
Telephone Number	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason for Leaving	Final:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed	Work Performed:
Address		
Telephone Number	To:	
Job Title	Hourly Rate/Salary	
Supervisor	Starting:	
Reason for Leaving	Final:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal / Professional References

Name	Phone Number	Best Time To Call	Occupation
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant

Date