



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: _____

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