



1415 Airport Road Bismarck ND 58504  
701-222-0352

**APPLICATION FOR EMPLOYMENT**

“An Equal Opportunity Employer”

Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. No \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Who referred you to this company?

- Private Placement Agency
- College Placement Service
- Walk in
- Reply to Advertisement
- State Employment Office
- Personal Contact

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

***All applicants must be 18 years of age. All employees are subject to alcohol and drug testing.***

Position applying for: \_\_\_ Plumbing \_\_\_ HVAC \_\_\_ Runner \_\_\_ Office \_\_\_ Other

Do you have a valid drivers license? \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**Drivers History (All applicants are subject to an MVR and must be in good standing).**

Have you ever been convicted for the following violations while operating either your own vehicle or someone elses:

<u>Kind of Violation</u>	<u># of Times</u>	<u>Dates</u>
Speeding	_____	_____
Intoxication	_____	_____
Reckless Driving	_____	_____
Other Moving Violation	_____	_____



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How many automobile accidents have you been in during the last five years (regardless of fault) while operating an automobile? \_\_\_\_\_ Give dates \_\_\_\_\_

Have you ever had your driver's license suspended? \_\_\_\_\_ Date \_\_\_\_\_

Reason \_\_\_\_\_

Are you now required to file proof of insurance with the State Highway Department? \_\_\_\_\_

Do you have liability insurance on your personal vehicle? \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Do you have any physical or mental condition which may affect your job performance or safety? ( ) yes ( ) no If yes explain: \_\_\_\_\_

### Education

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Special Training \_\_\_\_\_

Special Skills \_\_\_\_\_

Salary Expected \$ \_\_\_\_\_ per hour

Looking for ( ) Full-time ( ) Part-time Date Available \_\_\_\_\_

Hours Available for Work SUN MON TUES WED THUR FRI SAT

From: \_\_\_\_\_

To: \_\_\_\_\_

Are you legally eligible for employment in this country? ( ) yes ( ) no

*\*proof of eligibility will be required upon employment*

Can you travel overnight if the job requires? ( ) yes ( ) no

An unlimited amount of time? ( ) yes ( ) no

A few days at a time? ( ) yes ( ) no

One week at a time: home on weekends? ( ) yes ( ) no



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**Previous Work Experience**

<i>Employer (address &amp; Phone)</i>	<i>From</i>	<i>To</i>	<i>Wage</i>	<i>Reason for leaving</i>
Name _____				
Type of Work _____				

Name _____				
Type of Work _____				

Name _____				
Type of Work _____				

If you are presently working, may we contact your employer? ( ) yes ( ) no  
Any previous work injuries? ( ) yes ( ) no If yes explain \_\_\_\_\_  
\_\_\_\_\_

To determine my qualifications for employment, I authorize this company to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this company, in the termination of employment.

*This is an application for employment, and no employment contract is being offered.*

If I am employed, Advanced Mechanical, Inc, can change wages, benefits and conditions at any time. I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

**All paperwork must be turned into the Office Manager completed before the applicant's start date.**



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### Release and Authorization

I hereby authorize any employer, law enforcement agency, administrator, institution or private information bureau that has any record or knowledge of my workers' compensation, motor vehicle operation history, or criminal history to provide Advanced Mechanical Inc., any such information. A telephone facsimile (FAX) or photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency included, but not limited to, North Dakota Department of Labor, Worker's Compensation Division.

According to the Fair Credit Reporting Act, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. I will be advised and be given the name of the reporting agency or source of information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name (type or print legibly)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
State Driver's License Issued