HAV-IT Services

Where did you hear about HAV-IT Services?

🞏 Newspaper 🞏 Radio 🞏 Facebook

🞏 TV 🞏 Friend 🞏 Job Service

🞏 HAV-IT Employee

🞏 Other

409 West Brewster Street

Harvey, ND 58341

Phone: 324-4636

Application for Employment

This application does not establish an offer to be employed.

We are an **Equal Opportunity Employer.**

Position you are applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Please feel free to request a job description for this position.

**Personal Information:**

Home Work

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street City State Zip

Current driver’s license: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

License number & State

🞎 Do not have a current driver’s license

Have you had any traffic violations within the last two years? 🞎 Yes 🞎 No; please identify below;

🞎 Moving violation

🞎 D. U. I.

🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked with adults or children who are vulnerable (such as nursing home, child care, school, developmental disability programs, etc.)? 🞎 Yes 🞎 No: If Yes, please identify if you have had a substantiated abuse, neglect or exploitation. 🞎 Yes 🞎 No

Have you been convicted of a criminal offense? 🞎 Yes 🞎 No If Yes, please explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Such disclosure shall not disqualify the applicant for employment unless the conviction is for a crime having a direct bearing on the capacity of the applicant to perform his/her responsibilities and the person is not sufficiently rehabilitated under NDCC 12.1-33.02.1. If you are offered a position with HAV-IT, we are required to complete a Criminal Background check and a check with the Child Abuse and Neglect Central Registry.

Are you currently employed? 🞎 Yes 🞎 No Date you can start: \_\_\_\_-\_\_\_\_-\_\_\_\_

| **Education:** | | |
| --- | --- | --- |
| Name & Location of School | Did you graduate? | List subjects studied or degree(s) received |
| High School | 🞎 Yes  🞎 No |  |
| College/  Trade School | 🞎 Yes  🞎 No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Past Employers:** Below, please list the last four employers, starting with the most recent first. | | | |
| Dates Employed | Employer | Position Held | Reason for Leaving |
| From \_\_\_-\_\_\_-\_\_\_  To \_\_\_-\_\_\_-\_\_\_ |  |  |  |
| Contact  Information | Person to Contact | Phone | E-mail |
|  |  |  |  |
| Dates Employed | Employer | Position Held | Reason for Leaving |
| From \_\_\_-\_\_\_-\_\_\_  To \_\_\_-\_\_\_-\_\_\_ |  |  |  |
| Contact  Information | Person to Contact | Phone | E-mail |
|  |  |  |  |
| Dates Employed | Employer | Position Held | Reason for Leaving |
| From \_\_\_-\_\_\_-\_\_\_  To \_\_\_-\_\_\_-\_\_\_ |  |  |  |
| Contact  Information | Person to Contact | Phone | E-mail |
|  |  |  |  |
| Dates Employed | Employer | Position Held | Reason for Leaving |
| From \_\_\_-\_\_\_-\_\_\_  To \_\_\_-\_\_\_-\_\_\_ |  |  |  |
| Contact  Information | Person to Contact | Phone | E-mail |
| Please complete and sign the "Consent For Reference" form for at least two of the employers listed above. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal References:** Below, please list personal references. | | | |
| Name | Address & Phone | Business | Years Acquainted |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Applicant’s Signature:**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_-\_\_\_\_-\_\_\_\_

Signature Date