CO-WORKER APPLICATION

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Marketing Ideas For **Printers** FARGO, NORTH DAKOTA



Personal Information

Name (last, first, middle initial)			Social Security number		
Present address		Apt. no.	City	State	Zip
Permanent address		Apt. no.	City	State	Zip
Are you 18 years or older? Phone		Email			

Desired Employment

Position	Date you can star	t Hourly wage or salary desired						
Are you employed now? If so, may we inquire of your present employer? Yes No								
Type of employment desired: Full-time Part-time Temporary								
Have you ever been bonded? 🖵 Yes 🗖 No	Have you ever been bonded? Yes No Are you eligible for employment in this country? Yes No (Proof of U.S. citizenship or immigration status will be required upon employment.)							
Are you willing to work overtime if required? 🛛 Yes 🔲 No	Are you willing to work overtime if required? 🖸 Yes 🕞 No							
Have you been convicted of a felony in the last seven years? Yes No If yes, please explain:								
Are you able to perform the essential functions of the job applied for, with or without reasonable accommodation? (If the requirements for the job have not been listed, you need not reply.) If no, please explain:								

Education

School Level	Name and Location of School	# of Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				,

Special Training or Skills

Subjects of special study or research work	
Special training	
Special skills	

Personal Information

List your last three employers below, starting with the most recent one first.

Name of present or last employer							
Address	City		State	Zip			
Starting date	Leaving date		Job title				
Starting hourly pay	Ending hourly pay	May we contact your s	supervis	sor? 🖸 Yes 📮 No			
Description of work							
Reason for leaving					,		

Name of previous employer							
Address	City		State	Zip			
Starting date	Leaving date		Job ti				
Starting hourly pay	Ending hourly pay May we contact your			sor? 🗖 Yes 🗖 No			
Description of work							
Reason for leaving							

Name of previous employer						
Address		City		State	Zip	
Starting date	Leaving date		Job title			
Starting hourly pay	Ending hourly pay May we contact your			sor? 🗖 Yes 🗖 No		
Description of work						
Reason for leaving						

References

List three people you have known for at least one year, whom you are not related to.

Name		Address	Business	Years Acquainted
1				
2				
3				

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, false statements in this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and give you permission to contact the references and employers listed above so as to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature_

Please return this completed application to our office at 5990 14th St S, Fargo ND 58104, or scan and email the application to hr@mi4p.com



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