



**Sisters of Mary of The Presentation**  
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## EMPLOYMENT APPLICATION

(Revised 1/1/2019)

POSITION APPLYING FOR: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

PERSONAL INFORMATION				
LAST NAME:		FIRST NAME:		MIDDLE NAME:
ADDRESS:			CITY:	STATE: ZIP CODE:
HOME PHONE NUMBER:		CELL PHONE NUMBER:		IS YOUR AGE: UNDER 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL ADDRESS:		ARE YOU LEGALLY QUALIFIED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU ABLE TO PERFORM ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (BRIEFLY EXPLAIN)				
DATE AVAILABLE:	DESIRED PAY:	DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO APPLYING FOR: <input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME		
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU ACCEPT ANOTHER POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU BEEN CONVICTED OF A CRIME INVOLVING MISTREATMENT, NEGLECT, ABUSE, HOMICIDE, SEX OFFENSES, DOMESTIC VIOLENCE, THEFT, FRAUD, MISAAPPROPRIATION OF ANOTHER PERSON'S PROPERTY, CONSPIRACY, WEAPONS, OR DRUGS? <input type="checkbox"/> NO <input type="checkbox"/> YES (GIVE DATE(S), OFFENSE(S) AND DISPOSITION(S))				

EDUCATION				
SCHOOL	NAME OF SCHOOL & LOCATION	YRS COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE
HIGH SCHOOL				
TRADE SCHOOL				
COLLEGE				
GRADUATE				

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS	
TYPE: _____	TYPE: _____
STATE ISSUED: _____	STATE ISSUED: _____
DATE ISSUED: _____	DATE ISSUED: _____
EXPIRES: _____	EXPIRES: _____

PLEASE LIST ANY EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD MAKE YOU A VALUABLE EMPLOYEE

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<b>EMPLOYMENT HISTORY</b> (LIST MOST RECENT POSITION FIRST)			
NAME OF EMPLOYER:		ADDRESS, CITY, STATE:	
DATES EMPLOYED : TO	POSITION HELD:	TELEPHONE NUMBER:	NAME OF SUPERVISOR:
ENDING WAGE:	BRIEFLY DESCRIBE WORK PERFORMED:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING			

NAME OF EMPLOYER:		ADDRESS, CITY, STATE:	
DATES EMPLOYED : TO	POSITION HELD:	TELEPHONE NUMBER:	NAME OF SUPERVISOR:
ENDING WAGE:	BRIEFLY DESCRIBE WORK PERFORMED:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING			

NAME OF EMPLOYER:		ADDRESS, CITY, STATE:	
DATES EMPLOYED : TO	POSITION HELD:	TELEPHONE NUMBER:	NAME OF SUPERVISOR:
ENDING WAGE:	BRIEFLY DESCRIBE WORK PERFORMED:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING			

<b>REFERENCES</b> (NAMES OF PERSONS NOT RELATED TO YOU)			
NAME	RELATIONSHIP	ADDRESS, CITY, STATE	CONTACT NUMBER:
NAME	RELATIONSHIP	ADDRESS, CITY, STATE	CONTACT NUMBER:
NAME	RELATIONSHIP	ADDRESS, CITY, STATE	CONTACT NUMBER:

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, AND UNDERSATND THAT ANY MISLEADING OR FALSE INFORMATION OR WILLFUL OMISSION WILL BE SUFFICIENT CAUSE FOR IMMEDIATE DISMISSAL OR REFUSAL OF EMPLOYMENT.

I UNDERSTAND THAT ALL INFORMATION IN THIS APPLICATION IS SUBJECT TO VERIFICATION AND THAT THE FACILITY MAY INVESTIGATE MY WORK AND PERSONAL INFORMATION AND VERIFY ALL DATA GIVEN ON THIS APPLICATION. I ALSO AUTHORIZE ALL INDIVIDUALS, SCHOOLS, BUSINESSES AND EMPLOYERS (PAST AND PRESENT), AND REFERENCES HEREIN, EXCEPT MY CURRENT EMPLOYER IF SO NOTED, TO PROVIDE ANY INFORMATION REQUESTED ABOUT ME, AND I RELEASE THEM FROM ALL LIABILITY FOR DAMAGE IN PROVIDING THIS INFORMATION.

I FURTHER UNDERSTAND THAT EMPLOYMENT IS "AT-WILL" AND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR STATEMENTS MADE DURING THE INTERVIEW PROCESS IF AN INTERVIEW IS GRANTED, ARE INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE FACILITY AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW. PLEASE DIRECT ANY REQUEST FOR REASONABLE ACCOMODATIONS NEEDED DURING THE APPLCATION PROCESS TO ADMINISTRATOR.