



# Employment Application

Dakota Center for Independent Living  
3111 East Broadway Avenue  
Bismarck, ND 58501  
www.dakotacil.org  
(701) 222-3636  
800 489-5013

## Applicant Information

Full Name: \_\_\_\_\_  
Last First

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Desired Salary: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

If the position requires travel, can you supply your own transportation? \_\_\_Yes \_\_\_No

Are you a citizen of the United States? \_\_\_Yes \_\_\_No If no, are you authorized to work in the U.S.? \_\_\_Yes \_\_\_No

Have you ever been convicted or pled guilty to a felony or misdemeanor offense? \_\_\_Yes \_\_\_No  
If yes, explain: \_\_\_\_\_

\*\*Do you claim Veteran's Preference? \_\_\_Yes

*\*\*Under North Dakota Statue, you must submit a DD214.*

\*\*Do you claim Disability Preference? \_\_\_Yes

*\*\*This information is voluntary and will in no way affect the processing of your application or you're being considered for employment.*

## Education

Did you graduate from High School or receive a GED Certificate? \_\_\_Yes \_\_\_No

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_Yes \_\_\_No Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_Yes \_\_\_No Degree: \_\_\_\_\_

Other education/training/skills:

Computer skills (hardware & software)

Related Volunteer experience

*For additional space, use the backside of this form*

**License or Certification**

License/Certificate	State	Profession	License/Certificate #	Expiration Date

**Previous Employment***(Begin with your current or most recent employer.)*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

## References

List names, addresses, and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

## Disclaimer and Signature

I hereby acknowledge that if I'm accepted, my employment will be probationary for six months; that this application is not a contract or a guarantee of employment; that all applicants are subject to background checks; and that, if applicable, applicants are subject to pre-employment drug testing.

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment.

I authorize DCIL to thoroughly investigate all statements contained in my application, resume and during my interview, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the company and former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigations or disclosure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Equal Opportunity Employer

The Dakota Center or Independent Living does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and complies with the provision of the North Dakota Human Rights Act.