



Providing support for people in achieving success in their life and their community.

LAKE REGION CORPORATION

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

224 3rd St. NW
1201 4th Avenue NE
116 20th Street NE
923 6th Avenue NE
Devils Lake, ND 58301

3301

PERSONAL INFORMATION:

DATE OF APPLICATION:

NAME: LAST		FIRST	MIDDLE	STREET ADDRESS:		CITY	STATE	ZIP
HOME PHONE NUMBER	WORK/MESSAGE NUMBER		SOCIAL SECURITY NUMBER		EMERGENCY CONTACT		PHONE NUMBER	
U.S. CITIZEN—Are you eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, TYPE OF VISA				E-Mail Address				
ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO				HAVE YOU EVER WORKED FOR LAKE REGION CORPORATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <small>(Must check one box)</small>				IF YES, SPECIFY THE POSITION AND DATES:				
POSITION DESIRED <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> DAY SUPPORTS <small>(Check all boxes that apply)</small>				WERE YOU REFERRED BY ANYONE THAT WORKS FOR LAKE REGION CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE LIST : _____				
				DATE AVAILABLE FOR WORK: Computer experience? <input type="checkbox"/> YES <input type="checkbox"/> NO Please state level of computer experience?				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	COURSE OF STUDY	TYPE OF DIPLOMA DEGREE OR CERT.
HIGH SCHOOL			1 2 3 4 5 6 7 8 9 10 11 12		HIGH SCHOOL GRAD <input type="checkbox"/> YES <input type="checkbox"/> NO OR EQUIVALENT GED <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS/ TRADE/ TECHNICAL			DATES ATTENDED FROM: TO:		
COLLEGE/ UNIVERSITY					
GRADUATE					

FOR AGENCY USE:

INTERVIEWED BY:
DATE:
COMMENTS:
REALISTIC JOB PREVIEW WATCHED <input type="checkbox"/>
DATE WATCHED:

PROFESSIONAL REFERENCES: Include current or former employers, supervisors, teachers or others qualified to objectively evaluate your ability to work in the position for which you have applied.

1.	2.	3.
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
PHONE #	YEARS KNOWN	PHONE #
		YEARS KNOWN
		PHONE #
		YEARS KNOWN

EMPLOYMENT HISTORY (Begin with your present or most recent employer. Include any job-related military service assignments and past volunteer activities. Use additional employment record sheets, if necessary.)

Duties: Describe your work in sufficient detail to show exactly what you did. Break down the job into the major duties or types of work. Your qualifications can be evaluated properly only if you describe your work experience clearly and completely. A resume is not a substitute but may be included with completed application.

1.

PRESENT OR LAST EMPLOYER OR COMPANY			JOB TITLE	
ADDRESS			NAME OF SUPERVISOR/TITLE	
CITY	STATE	ZIP	EMPLOYMENT DATES FROM TO	
HOURS WORKED PER WEEK		HOURLY RATE/SALARY STARTING ENDING		
JOB DUTIES?				
REASONS FOR LEAVING OR WANTING TO LEAVE?				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone Number				

2.

PRESENT OR LAST EMPLOYER OR COMPANY			JOB TITLE	
ADDRESS			NAME OF SUPERVISOR/TITLE	
CITY	STATE	ZIP	EMPLOYMENT DATES FROM TO	
HOURS WORKED PER WEEK		HOURLY RATE/SALARY STARTING ENDING		
JOB DUTIES?				
REASONS FOR LEAVING?				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone Number				

3.

PRESENT OR LAST EMPLOYER OR COMPANY			JOB TITLE	
ADDRESS			NAME OF SUPERVISOR/TITLE	
CITY	STATE	ZIP	EMPLOYMENT DATES FROM TO	
HOURS WORKED PER WEEK		HOURLY RATE/SALARY STARTING ENDING		
JOB DUTIES?				
REASONS FOR LEAVING?				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone Number				

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do You Possess A Valid Driver's License? Drivers License: State _____ License # _____
<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN ALL YES ANSWERS BELOW: Have you received any traffic violations in the last 3 years? Has your driver's license been suspended or revoked in the last 3 years? Have you ever been convicted of or pled guilty to a felony? Have you ever been convicted of or pled guilty to a crime involving the abuse, neglect or exploitation of a child or adult? Have you ever been excluded from participating in the Medicaid or Medicare programs by the Office of Inspector General?
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL INFORMATION: State any additional information you feel may be helpful in considering your application.
MILITARY HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH _____ DATES FROM _____ TO _____ Describe any training received relevant to the position for which you are applying: _____

APPLICANT STATEMENT: I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that any false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request each and every former employer, school, individual, or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or record. I understand that this application process does not create an employment contract. I understand any employment relationship with Lake Region Corporation is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Lake Region Corporation. As a CONDITION OF EMPLOYMENT, I agree to submit documents relating to my identity and eligibility to work within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986. This application must be signed and dated for consideration of employment and will be maintained on active file for 30 days.
X SIGNATURE _____ DATE _____