



**LAKE REGION CORPORATION**  
**APPLICATION**  
**FOR EMPLOYMENT**  
*(Equal Opportunity Employer)*

3301

224 3<sup>rd</sup> St. NW  
 Devils Lake, ND 58301  
 701-662-8681  
[lrc@lakeregioncorp.com](mailto:lrc@lakeregioncorp.com)

**PERSONAL INFORMATION:**

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

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION OF SCHOOL	COURSE OF STUDY	TYPE OF DIPLOMA DEGREE OR CERT.
HIGH SCHOOL				
TRADE/ TECHNICAL				
COLLEGE/ UNIVERSITY				

**PROFESSIONAL REFERENCES:** Include current or former employers, supervisors, teachers or others qualified to objectively evaluate your ability to work in the position.

1.	2.	3.
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
PHONE #	PHONE #	PHONE #
YEARS KNOWN	YEARS KNOWN	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"/>	<b>Do You Possess A Valid Driver's License?</b> Drivers License: State _____ License # _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>EXPLAIN ALL YES ANSWERS BELOW:</b> Have you received any traffic violations in the last 3 years?
<input type="checkbox"/>	<input type="checkbox"/>	Has your driver's license been suspended or revoked in the last 3 years?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of or pled guilty to a felony?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of or pled guilty to a crime involving the abuse, neglect or exploitation of a child or adult?
<b>ADDITIONAL INFORMATION: State any additional information you feel may be helpful in considering your application.</b>		
<b>MILITARY HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE U.S. ARMED FORCES?</b> <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: _____		

<p><b>APPLICANT STATEMENT:</b> 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 <b>CONDITION OF EMPLOYMENT</b>, 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.</p> <p><b>X SIGNATURE</b> <span style="float: right;"><b>DATE</b></span></p>
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