

APPLICATION FOR EMPLOYMENT
WISHEK LIVING CENTER
 PO BOX 187
 WISHEK, ND 58495
 PH 701-452-3333

_____ ()
 Last Name First Name Middle Initial Telephone Number

_____ _____ _____ _____
 Address City State Zip

PERSONAL INFORMATION

1. Are you 18 years of age or older? Yes No Social Security No. _____
2. Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No
3. Have you ever been convicted of a crime? Yes No
 If Yes, please explain (a Yes answer does not necessarily mean that employment will be denied).

4. Would you authorize Law Enforcement to do a Traffic and Criminal Record Check on you if necessary?
 Yes No
 5. Can you perform the essential functions of the job with or without reasonable accommodations?
 Yes No
 6. If this job requires you to travel, are you able to do so? Yes No
- In case of emergency, notify: Name _____ Relationship _____
 Address _____ Phone _____

EMPLOYMENT DESIRED

- | | | |
|----------------|--------------------------|-------------------------------------|
| Position _____ | Date you can start _____ | Salary or hourly wage desired _____ |
|----------------|--------------------------|-------------------------------------|
1. Are you willing to work evenings? Yes No
 2. Are you willing to work weekends? Yes No
 3. Are you willing to work holidays? Yes No
 4. Would you like to work Full-time or Part-time?
 5. Do you have any special licensing or certification? Yes No

EDUCATION OR TRAINING

| Name of School | Course of Study | Years Completed | Did you graduate? |
|--|-----------------|-----------------|-------------------|
| High School _____ | _____ | _____ | _____ |
| College _____ | _____ | _____ | _____ |
| Other (Include apprenticeships and specialized training) _____ | | | |

EMPLOYMENT HISTORY

1st Prior: _____ (_____) _____
Employer Address Telephone Number

Job Title Supervisor

Work performed or duties

Reasons for leaving?

Employed from: _____ To _____ May we contact this employer? Yes No

2nd Prior: _____ (_____) _____
Employer Address Telephone Number

Job Title Supervisor

Work performed or duties

Reasons for leaving?

Employed from: _____ To _____ May we contact this employer? Yes No

3rd Prior: _____ (_____) _____
Employer Address Telephone Number

Job Title Supervisor

Work performed or duties

Reasons for leaving?

Employed from: _____ To _____ May we contact this employer? Yes No

What specific attributes qualify you for this job? _____

REFERENCES

Give the name of three persons not related to you, whom you have known for at least one year.

| Name | Address | Business | Years Acquainted |
|----------|---------|----------|------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. I voluntarily give the institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places the institution may designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties that I would be required to perform. I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I declare the information provided by me in this application is true and complete, and understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. In consideration for my employment with the company, I agree to conform to the rules and regulations of the company as set forth in the company employee handbook, and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without prior notice to me. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to ensure any benefits or terms and conditions of employment other than those set forth in the employee handbook, either prior to commencement of employment or after I have become employed. If employed, I will be required to complete Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment. We are an equal opportunity employer.

APPLICANT'S SIGNATURE: _____ DATE: _____

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

(Important: Please read carefully before signing.)

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer-reporting agency. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law. The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

(A Copy of 'A Summary of Your Rights under the Fair Credit Reporting Act' is included with this authorization)

Printed Full Name of Applicant: _____

Other Names Used & Date Changed: _____
(Including Maiden Name) (Year changed)

Telephone Number/s: _____

Current Address: _____
(Mon/Year) (Street) (City) (State) (Zip)

Previous Address: _____
(Mon/Year) (Street) (City) (State) (Zip)

Previous Address: _____
(Mon/Year) (Street) (City) (State) (Zip)

Social Security # ____ / ____ / ____ Date of Birth: ____ / ____ / ____ (Month, Day, Year)

(if applicable) Driver License # _____ State _____

(if applicable) Professional License/s: _____ State: _____ Type: _____ Number: _____

Have you ever been charged with or convicted of a Misdemeanor or Felony crime? Yes ____ No ____

If yes, please explain in some detail, including what county and state, and in what year:

I hereby authorize **Wishek Living Center and/or Global Safety Network and their agents**, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original.

Signature Of Applicant _____ Date ____ / ____ / ____

MN/CA/OK Residents Only: Do you wish to receive a copy of your consumer report? Yes ____ No ____