



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For		Date of Application	
How did you learn about the position you are applying for? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> NDTC Website <input type="checkbox"/> Other website <input type="checkbox"/> Other			
Last Name	First Name	Middle Name	
Street Address, City, State, Zip Code			
Telephone No(s)	(Home)	(Cell)	(Work)

Are you at least 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date _____.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date _____.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?	_____
Desired salary range	_____
Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WE ARE AN EQUAL OPPORTUNITY EMPLOYER	

EDUCATIONAL BACKGROUND

NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
High School			
College			
Other			

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates	Employed	Work Performed
Address			
Telephone Number(s)	Hourly Starting	Rate/Salary Final	
Job Title	Supervisor		
Reason for Leaving			

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List professional, trade, business or civic activities and offices held. *You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

Describe any job-related training received in the United States military.

Summarize any special job-related skills, training, apprenticeship, and qualifications acquired from employment or other experience.

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.** Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?
 A description of the activities involved in such a job or occupation is attached. () YES () NO

PROFESSIONAL REFERENCES

1. Name	Phone #
Address	
2. Name	Phone #
Address	
3. Name	Phone #
Address	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that ND Law prohibits smoking, including the use of electronic smoking devices, within twenty feet of entrances, exits, operable windows, air intakes, and ventilation systems of enclosed areas of places of employment and within Company vehicles. I further understand that I am required to abide by all rules, regulations, and policies of the employer.

 Signature of Applicant

 Date

Please send completed application, resume and letter of interest to:

NDTC
 ATTN: HR Administrator
 PO Box 180
 Devils Lake ND 58301-0180

NDTC Disability Accommodation Policy

NDTC is committed to complying with all applicable provisions of the Americans with Disabilities Act (“ADA”) and with the provision regarding disability discrimination of the North Dakota Human Rights Act. It is the Company’s policy not to discriminate against any qualified employee or applicant with regard to any terms or conditions of employment because of such individual’s disability or perceived disability so long as the employee can perform the essential functions of the job. Consistent with this policy of nondiscrimination, the Company will provide reasonable accommodations to a qualified individual with a disability, as defined by the ADA, who has made the Company aware of his or her disability, provided that such accommodation does not constitute an undue hardship on the Company or pose a direct threat to the safety of the employee or any other individual that cannot be eliminated or reduced to an acceptable level with reasonable accommodation.

Scope of Policy:

The Company’s policy of reasonable accommodation extends to all reasonable accommodations necessary to allow an individual with disabilities to enjoy equal employment opportunities. This includes the obligation to make reasonable accommodation to allow individuals with disabilities to participate in the application and hiring process and to enjoy equal benefits and privileges of employment as are enjoyed by employees without disabilities. Employees who receive requests for such accommodations should consult with the Human Resources Administrator before rejecting an accommodation request.

Employees or applicants with disabilities, who believe they need a reasonable accommodation to perform the essential functions of their job, participate in the application and hiring process, or to enjoy equal benefits and privileges of employment should contact the Human Resources Administrator. NDTC encourages individuals with disabilities to come forward and request reasonable accommodation.

Procedure for Requesting an Accommodation:

Employees and applicants requiring accommodation are encouraged to submit a written request outlining the need for accommodation as soon as the need for accommodation becomes apparent to them. Upon receipt of an accommodation request from an employee, the Human Resources Administrator and the employee’s direct supervisor should meet with the employee to discuss and identify the precise limitations resulting from the disability and the potential accommodation that NDTC might make to help overcome those limitations. Applicants requiring accommodation should inform the Human Resources Administrator of the need for accommodation as early in the application process as is possible.

The Company may ask for additional medical information from the employee or applicant (post-offer) to verify the need for accommodation. In such instances, the Company may seek authorization from the employee or applicant to contact the individual’s health care providers, may ask the individual to provide the requested information from the health care provider or, infrequently, may ask the individual to undergo a medical examination at the Company’s expense to verify the need for accommodation or identify the appropriate accommodation.

NDTC will determine the feasibility of the requested accommodation considering various factors, including, but not limited to the nature and cost of the accommodation, the availability of tax credits and deductions, outside funding, NDTC’s overall financial resources and organization, and the accommodation’s impact on the operation of the Company, including its impact on the ability of other employees to perform their duties and on NDTC’s ability to conduct business.

NDTC will inform the employee of its decision on the accommodation request or on how to make the accommodation. If the accommodation request is denied, employees will be advised of their right to appeal the decision by submitting a written statement explaining the reasons for the request. If the request on appeal is denied, that decision is final.

The Company will attempt to provide the accommodation requested. The ADA does not, however, require NDTC to make the best possible accommodation, to reallocate essential job functions, or to provide personal use items (e.g., eyeglasses, hearing aids, wheelchairs, etc.).

An employee or job applicant who has questions regarding this policy or believes that he or she has been discriminated against based on a disability should notify the Human Resources Administrator. All such inquiries or complaints will be treated as confidential to the extent permissible by law.