



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

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 us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name	First Name	Middle Name
Address		
Telephone No.		Cell Telephone No.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____.

Have you ever been employed with us before? Yes No
 If yes, give date _____.

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required prior to employment.) Yes No

On what date would you be available for work? _____

Desired salary range _____

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
 (Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain _____

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

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

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

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

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 without 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.

I also understand that should I be offered a position with the company, I will be subject to a pre-employment drug test and failure to pass the test will result in the withdrawal of the offer of employment.

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 I am required to abide by all rules, regulations, and policies of the employer.

Signature of Applicant

Date

Send To: POLAR COMMUNICATIONS
ATTN: HR Administrator
P.O. Box 270
Park River, ND 58270-0270