



Application for Employment

300 Ball Park Street, Stanton, ND 58571
Phone: 701-745-3341 Fax: 701-745-3349
www.dakotatransload.com

Must be at least 16 years old to apply
If completing by hand, please print

Date _____

Name _____
Last First MI

Social Security Number _____ - _____ - _____

email address _____

Mailing Address _____

Primary Phone _____ - _____ - _____

City _____ State _____ Zip _____

Alternate Phone _____ - _____ - _____

Position Desired _____ Salary Expectations _____

Available to start Immediately 2 Weeks Other: _____

Seeking Full-time employment (30+ hours/week) Part-time employment (<30 hours/week) Regular Temporary Seasonal

Willing to work Day Shift Evening Shift Night Shift Rotating Shift Split Shift

Days Available Sunday Monday Tuesday Wednesday Thursday Friday Saturday

EMPLOYMENT HISTORY, starting with most recent employer

Company Name _____

City/State _____ Telephone Number _____ - _____ - _____

Salary _____ Per Hour Week Month Year

Start Date _____ End Date _____ Reason for leaving _____

Job Title _____

Equipment operated _____

Duties _____

Employer #2

Company Name _____

City/State _____ Telephone Number _____ - _____ - _____

Salary _____ Per Hour Week Month Year

Start Date _____ End Date _____ Reason for leaving _____

Job Title _____

Equipment operated _____

Duties _____

Employer #3

Company Name _____

City/State _____ Telephone Number _____ - _____ - _____

Salary _____ Per Hour Week Month Year

Start Date _____ End Date _____ Reason for leaving _____

Job Title _____

Equipment operated _____

Duties _____

EMPLOYMENT HISTORY, continued			
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by this company? <input type="checkbox"/> No <input type="checkbox"/> Yes →	If "Yes," when? From: _____ To: _____	
Position(s) held:			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No→	If "No," briefly explain:	May we contact your past employers? <input type="checkbox"/> Yes <input type="checkbox"/> No→	If "No," briefly explain:

EDUCATION / MILITARY SERVICE / BACKGROUND			Highest year achieved & Degree/Certification earned
High School	School Name	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
	City, State		
College	School Name		
	City, State		
Other	School Name		
	City, State		
Military	Branch of Service	Rank:	
	Years Served	Reservist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Honorably Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
Be advised that we seek background checks on applicants and screen for drugs and alcohol. You may note any concerns here:			

CAREER ENHANCEMENTS	
Do you possess a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes→	Issuing State: _____ Class: _____
Operator Experience <input type="checkbox"/> Forklift <input type="checkbox"/> Front-end Loader <input type="checkbox"/> Other (list): _____	
Certification(s) held:	
List special skills, society memberships, professional organizations, or other interests that contribute to your qualifications:	

EMERGENCY CONTACT		
Name	Relationship	Telephone
Address, including city & state		- -

HOW WERE YOU REFERRED TO US?

REFERENCES: List at least three persons, not related to you, whom you've known for one or more years.			
1	Name	Address	Telephone - -
2	Name	Address	Telephone - -
3	Name	Address	Telephone - -