

**SOUTHEAST WATER USERS DISTRICT
PO BOX 10
MANTADOR, ND 58058**

Applicant Information

Applicant Name _____
Number and street _____
City _____
State & Zip _____

Home Phone _____
Other Phone _____
Email Address _____

How were you referred to Company? _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work? [] Y or [] N
- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N

What days and hours are you available for work?

If applying for temporary work, when will you be available?

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? [] Y or [] N

Can you work evenings? [] Y or [] N

Are you available to work overtime? [] Y or [] N

Salary desired: \$_____

Current/Last Employment Position:

Employer _____

Position Held _____

Starting Date MM/YY_____ Ending Date MM/YY_____

Reasoning for Leaving _____

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Personal Information:

Have you ever applied to / worked for Company before? ☐ Y or ☐ N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Company? ☐ Y or ☐ N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? ☐ Y or ☐ N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) ☐ Y or ☐ N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? ☐ Y or ☐ N

If hired, are you willing to submit to and pass a controlled substance test? ☐ Y or ☐ N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? ☐ Y or ☐ N

If no, describe the functions that cannot be performed

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐ Y or ☐ N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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Education, Training and Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? ☐ Y or ☐ N

Degree / diploma earned: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? ☐ Y or ☐ N

Degree / diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? ☐ Y or ☐ N

Degree / diploma? : _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Related details: _____

APPLICANT SIGNATURE

DATE
