105 4th Street E. P.O. Box R Park River, ND 58270 Phone (701) 284-6266



448 Hwy 2 W. P.O. Box 1017 Devils Lake, ND 58301 Phone (701)662-3416

Employment Application

Applicant Information							
Full Name:	Last	First			M.I.	Date:	
Address:	Street Address					Apartment/Unit #	
						, ,	
	City				State	ZIP Code	
Phone:			Email				
Date Availab	ole: \$	Social Security No.:_			Desired	d Salary: <u>\$</u>	
Position App	olied for:						
Drivers' Lice	ense: Operator	_ CDL	CDL Typ	ре	_ Endo	orsements	
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?							
Have you ever worked for this company? YES NO If yes, when?							
YES NO Have you ever been convicted of a felony?							
If yes, explain:							
		Edu	cation				
High School	:	Address	s:				
From:	To:	_ Did you graduate	YES ? 🗆	NO	Diploma:		
College: Address:							
From:	To:	_ Did you graduate	YES	NO	Degree:		
Other:		Address	s:				
From:	To:	_ Did you graduate	YES	NO	Degree:		

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	Refer	ences				
Please list t	hree professional references.					
Full Name:				Relationship:		
Componi				Phone:		
Address:						
Full Name:				Relationship:		
0		Phone:				
Address:						
Full Name:				Relationship:		
Company:		Phone:				
Address:						
	Previous E	Employm	ent			
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting S					
Responsibili	ties:					
_	To:	Reason for Leaving:				
May we con	tact your previous supervisor for a reference?	YES	NO			
Componu				Dhono		
Company: Address:				Phone:Supervisor:		
Address.				Supervisor		
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:		
Responsibili	ties:					
From:	To:	Reason for Leaving:				
May we con	tact your previous supervisor for a reference?	YES	NO			

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Company:	Phone:
Address:	a :
Job Title: St	arting Salary: <u>\$</u> Ending Salary: <u>\$</u>
Responsibilities:	
From: To:	Reason for Leaving:
May we contact your previous supervisor for a refere	YES NO ence?
M	lilitary Service
Branch:	From: To:
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	
Discla	imer and Signature
I certify that my answers are true and complete to	
If this application leads to employment, I understa interview may result in my release.	and that false or misleading information in my application or
Signature:	Date:

Return to kerry@leonsbuildingcenter.com

Please also include a copy of your current Driver's License.