



APPLICATION FOR EMPLOYMENT

Max Public Schools

Max, ND 58759

Equal Opportunity Employer

Max Public Schools does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and complies with the provisions of the North Dakota Human Rights Act.

GENERAL INFORMATION (please print or type)

If accommodation or assistance is needed in completing this application, please contact the Max Public Schools at 701-679-2685

Name (Last, First, Middle Initial)		Email address:		Business Telephone No.
Mailing Address	City	State	Zip	Home Telephone No.
Are you prevented from lawfully becoming employed in the United States because of Visa or Immigrant Status? <input type="checkbox"/> Yes <input type="checkbox"/> No				Cell Telephone No.
Proof of citizenship or immigration status will be required upon employment.				

POSITION(S) APPLYING FOR:

TYPE OF EMPLOYMENT YOU WILL ACCEPT:

FIRST CHOICE:	Check all that apply below <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SHIFT WORK
SECOND CHOICE:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ 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: _____

EDUCATION AND/OR TRAINING

Did you graduate from high school? ☐ Yes ☐ No If you are not a high school graduate, do you have a GED Equivalency Certificate? ☐ Yes ☐ No
College, University, Nursing School, Business College, Vocational School or any other school you have attended

NAME AND LOCATION	CREDITS EARNED		FIELD		TYPE OF DEGREE
	QTR.	SEM.	MAJOR	MINOR	

Provide information on education/training you have which is not covered above. Indicate special skills you possess; languages you speak, write or understand; voluntary and unpaid work experience, etc. Also list any professional license you currently hold.

EMPLOYMENT HISTORY

Be specific. This information may be used to determine if your application will be accepted. Start with your present or most recent job. Include armed forces service and any self-employment. Indicate any change of job title under the same employer as a separate position.

IF YOU NEED ADDITIONAL SPACE, ATTACH SEPARATE SHEETS USING THIS SAME FORMAT.

Employer	Please list your duties and responsibilities:		
Kind of Business			
City and State			
Title			
Name and title of Immediate supervisor			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week:			
From (Month and Year)			To (Month and Year)
Reason for Leaving			
If still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Please list your duties and responsibilities:		
Kind of Business			
City and State			
Title			
Name and title of Immediate supervisor			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week:			
From (Month and Year)			To (Month and Year)
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From (Month and Year)			To (Month and Year)
Reason for Leaving			
If still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CERTIFICATION AND AGREEMENT: PLEASE READ BEFORE SIGNING

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, and I may be removed from the job after appointment. I understand that under State and Federal laws, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical or mental disability or status with respect to marriage or public assistance. I further understand that this employment application and other employment related documents I may have been furnished are not contracts of employment; also, that any oral or written statements to the contrary are hereby expressly disavowed. The employer has my authorization to thoroughly investigate my work and personal history which is job-related. I certify that I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.

Signature of applicant

Date