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APPLICATION FOR EMPLOYMENT

Position Applying for:

Date:

Last Name:	First Name:	Social Security #:
Street Address:	City:	State:
		Telephone #: <input type="checkbox"/> Cell Phone <input type="checkbox"/>

E-Mail Address:

If hired, can you provide evidence of legal eligibility to work in the U.S. ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform the essential functions of the position with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.	
<i>This Organization participates in E-Verify.</i>	
Date you can begin work:	

Provide a valid North Dakota Drivers License or obtain one within 30- days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License # _____ State: _____	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Endorsement (s): Tankers <input type="checkbox"/> Hazard Materials <input type="checkbox"/> Tank with Hazardous Materials <input type="checkbox"/>	

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary .

Employer Name:	Address:	Start Date:
Position Title/ duties, skills:		End Date:
Supervisor Name:		Telephone #:
Reason for leaving:		Pay Rate:

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Position Title/ duties, skills:		End Date:
Supervisor Name:		Telephone #:
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Employer Name:	Address:	Start Date:
Position Title/ duties, skills:		End Date:
Supervisor Name:		Telephone #:
Reason for leaving:		Pay Rate:

Are you a Veteran? : Yes No

Duty/ Specialized Training?:

EDUCATION HISTORY

High School:	Name & Location of School	Years Attended	Graduate? /Year	GED	Major
College:					
Trade or Tech School:					

PERSONAL REFERENCES

Provide below the names of three persons who are not related to you, whom you have known for at least one year.

Name	Address	Occupation	Phone #	Years Known

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from such utilization such information.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature:	Date:
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OFFICE USE ONLY

Interviewed By:

Interviewed By: