

# Application for Employment

*Qualified applications are considered for employment without regard to race, color, creed, ancestry, sex, marital status, national origin, pregnancy, sexual orientation, age, physical or mental disability, religious affiliation, status with regard to public assistance, or participation in lawful activity off the Warner and Company premises during nonworking hours which is not in direct conflict with the essential business-related interests of Warner and Company.*

## CONTACT (please print)

Name	Date
Address	Phone
Have you applied to work with us before?	Social Security #
E-mail Address:	

## WORK DESIRED

Position Desired:	Expected Salary:
Date Available:	Available for overtime:
Have you ever been convicted, pled guilty or no contest to a violation of the law other than minor traffic violations? If so, please provide further information (A 'yes' answer will not necessarily disqualify you from employment):	

*If hired, proof of your identity & employment eligibility in the US must be established by proper identification at the time you begin work.*

## EDUCATION

	Name & Location	Course of Study	Number of Years Completed	Graduate (Yes or No)	Degree or Diploma
High School					
College					
Other					

Other Special Training or Skills: \_\_\_\_\_

Professional Designations or Licenses Held: \_\_\_\_\_

**Additional Information - Memberships in professional and civic organizations, special accomplishments, awards, etc. (exclude those which may disclose your race, color, religion, age, sex, national origin, physical or mental disability, status with respect to marriage or public assistance, or other protected class status.)**

# EMPLOYMENT

Please provide information for past & current employers, starting with current or most recent employer.

<b>1</b>	Company Name	Telephone
	Address	Employed (State month & year) From _____ To _____
	Name of Supervisor	Salary: _____ Per Hour / Month (circle one)
	State Job Title and Describe Your Work _____	Reason for leaving

<b>2</b>	Company Name	Telephone
	Address	Employed (State month & year) From _____ To _____
	Name of Supervisor	Salary: _____ Per Hour / Month (circle one)
	State Job Title and Describe Your Work _____	Reason for leaving

<b>3</b>	Company Name	Telephone
	Address	Employed (State month & year) From _____ To _____
	Name of Supervisor	Salary: _____ Per Hour / Month (circle one)
	State Job Title and Describe Your Work _____	Reason for leaving

<b>4</b>	Company Name	Telephone
	Address	Employed (State month & year) From _____ To _____
	Name of Supervisor	Salary: _____ Per Hour / Month (circle one)
	State Job Title and Describe Your Work _____	Reason for leaving

Have you been terminated or asked to resign from any employment in the last 5 years?  
If yes, why?

<b>We may contact the employers listed above unless you indicate those you do not want us to contact</b>	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

**WORK/PROFESSIONAL REFERENCES (Do not include personal references)**

Name	Phone Number
Title/Company	Address
Work Relationship	Number of Years

Name	Phone Number
Title/Company	Address
Work Relationship	Number of Years

Name	Phone Number
Title/Company	Address
Work Relationship	Number of Years

**APPLICANT'S SIGNATURE**

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand my employment is at will. I understand that no one, except the President of Warner and Company, has authority to enter into any employment agreement with term(s) contrary to the foregoing, and then only in writing signed by both of us.

I fully understand and accept all term and conditions in the above statement.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature



318 Broadway  
PO Box 1470  
Fargo, ND 58107-1470  
TF: 800-369-2501  
P: 701-237-6414  
F: 701-239-0009