

## APPLICATION FOR EMPLOYMENT WEBSTER, FOSTER & WESTON

Telephone: (701)-775-8118 Fax: (701)-775-3263

## PERSONAL INFORMATION

Name			S	SN	
	Last	First	MI		
Present Address	Address/Box	City	Si	tate	Zip Code
Permanent Address	Address/Box	City	St	tate	Zip Code
Phone #	Email		_Drivers License?	Yes	No Class
In case of emergency,	notify				
GENERAL INFORMAT Type of work sought (be	<b>FION</b> e specific):				
Date available:		Salary or wage	expected:		
Check if you are willing Special skills/abilities/co	to accept: Full Time ertificates/license(s)/equipmen	From To  Part Time		Ved. Thur.	Fri. Sat. Seasonal
EDUCATION/TRAININ Highest grade complete Name of School	ed: 8 9 10 11	12 13 1 Course of Stud	41516	17 18 Degree Cert	19 20 ificate, Occup. License
		Course of Otto			modic, Occup. Liberisc
Subjects of special stud					
List any other qualificat	ions which should be consider	ed:			
MILITARY INFORMAT	TION				
Are you a veteran?	Yes No Bran	ch:			
	Dates of Servi	ce:From		To	

J	ob Title		Company				State			
							orked Per Week			
	ist specific ta						Machines/Equipment you have operated			
Date Started		Date Ended		Wage	Reason For Leaving:					
_	Mo. Day	Yr.	Mo.	Day	Yr.	\$				
				•		City	State			
	company						State Per Week			
		ritlepecific tasks completed on the job.					ment you have operated			
	Date Starte	ed	Da	ate Ende	d	Wage	Reason For Leaving:			
_	Mo. Day	Yr.	Mo.	Day	Yr.	\$	_			
). C	ompany					City	State_			
	Job Title					Hours Worked Per Week				
L	ist specific ta	sks compl	eted on the	e job.		Machines/Equip	ment you have operated			
D	ate Started		Date Ended		d	Wage	Reason For Leaving:			
_	Mo. Day	Yr.	Mo.	Day	Yr.	Ψ				
Р	lease summa	arize any c	ther work	history y	ou may have					
R	REFERENCE	<b>S:</b> Please Name	list below	three inc	lividuals who a	re not related to you and a Address	are not previous employers. Phone			