



**WORK HISTORY** (PLEASE COMPLETE THIS SECTION STARTING WITH YOUR PRESENT OR MOST RECENT JOB)

**1.** Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ Name & phone number of supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Equipment Operated \_\_\_\_\_  
\_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**2.** Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ Name & phone number of supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Equipment Operated \_\_\_\_\_  
\_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**3.** Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ Name & phone number of supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Equipment Operated \_\_\_\_\_  
\_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Specific skills/abilities/certificates/license(s)/equipment operated \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please summarize any other work history you may have \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*REFERENCES (Please list three individuals who are not related to you and are not a previous employer)*

| Name  | Address | Phone Number |
|-------|---------|--------------|
| _____ | _____   | _____        |
| _____ | _____   | _____        |
| _____ | _____   | _____        |

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

By signing and submitting this application I give the City of Hazen permission to perform an optional background check for the purpose of employment.

\_\_\_\_\_  
Signature of Applicant Date

**- EQUAL OPPORTUNITY EMPLOYER -**

The City of Hazen 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.

|                            |              |                        |
|----------------------------|--------------|------------------------|
| <b>FOR OFFICE USE ONLY</b> |              |                        |
| Interviewed by _____       | Date _____   | Hired ____ Yes ____ No |
| Position _____             | Salary _____ | Start Date _____       |
| Skill Level _____          |              |                        |
| Interviewer Comments _____ |              |                        |
| _____                      |              |                        |
| _____                      |              |                        |