

HAV-IT Services
409 West Brewster Street
Harvey, ND 58341
Phone: 324-4636

Application for Employment

This application does not establish an offer to be employed.

Where did you hear about HAV-IT Services?

- Newspaper Radio Facebook
- TV Friend Job Service
- HAV-IT Employee _____
- Other _____

We are an **Equal Opportunity Employer.**

Position you are applying for: _____ Date: ____ - ____ - ____

Please feel free to request a job description for this position.

Personal Information:

Name: _____ Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Present Address: _____
Street City State Zip

Current driver's license: _____
License number & State
 Do not have a current driver's license

Have you had any traffic violations within the last two years? Yes No; please identify below;
 Moving violation
 D. U. I.
 Other _____

Have you worked with adults or children who are vulnerable (such as nursing home, child care, school, developmental disability programs, etc.)? Yes No: If Yes, please identify if you have had a substantiated abuse, neglect or exploitation. Yes No

Have you been convicted of a criminal offense? Yes No If Yes, please explain below:

Such disclosure shall not disqualify the applicant for employment unless the conviction is for a crime having a direct bearing on the capacity of the applicant to perform his/her responsibilities and the person is not sufficiently rehabilitated under NDCC 12.1-33.02.1. If you are offered a position with HAV-IT, we are required to complete a Criminal Background check and a check with the Child Abuse and Neglect Central Registry.

Are you currently employed? Yes No Date you can start: ____ - ____ - ____

Education:

Name & Location of School	Did you graduate?	List subjects studied or degree(s) received
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ Trade School	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Past Employers: Below, please list the last four employers, starting with the most recent first.

Dates Employed	Employer	Position Held	Reason for Leaving
From ___-___-___ To ___-___-___			
Contact Information	Person to Contact	Phone	E-mail
Dates Employed	Employer	Position Held	Reason for Leaving
From ___-___-___ To ___-___-___			
Contact Information	Person to Contact	Phone	E-mail
Dates Employed	Employer	Position Held	Reason for Leaving
From ___-___-___ To ___-___-___			
Contact Information	Person to Contact	Phone	E-mail
Dates Employed	Employer	Position Held	Reason for Leaving
From ___-___-___ To ___-___-___			
Contact Information	Person to Contact	Phone	E-mail

Please complete and sign the "Consent For Reference" form for at least two of the employers listed above.

Personal References: Below, please list personal references.

Name	Address & Phone	Business	Years Acquainted

Applicant's Signature:
 I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature _____ Date _____