

## Dakota Line Contractors Application for Employment

We are an equal opportunity employer, dedicated to policy of non-discrimination in employment on any basis including race, color age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Current address: \_\_\_\_\_  
Street
City
State
Zip Code

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Referred by: \_\_\_\_\_ Are you 18 years of age ? **YES or NO**

Do you have a Valid Driver's License? **YES or NO** Have you ever been convicted of a Felony? **YES or NO**

Do you have a Valid CDL? **YES or NO** \_\_\_\_\_

Are you able to lift/or move 100 pounds? **YES or NO** If No, Please explain: \_\_\_\_\_

Are you able to work in all weather conditions (Extreme Cold/or Hot Temperatures) ? **YES or NO**

If No, Please explain: \_\_\_\_\_

Are you able to do repetitive motion required on a daily basis. This may include bending, pushing, pulling, reaching, climbing, squatting & lifting? **YES or NO** If No, Please Explain: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? **YES or NO** If Yes, can we contact your current employer? \_\_\_\_\_

Have you ever applied to or worked for this company before? **YES or NO** Where? \_\_\_\_\_ When? \_\_\_\_\_

### EDUCATION

	Name & Location of School	Circle The Last Year Completed	Did You Graduate?	Year Graduated / Degree
High School		1 2 3 4	Yes or No	
College		1 2 3 4	Yes or No	
Trade, Business or Correspondence School		1 2 3 4	Yes or No	

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**SPECIALIZED SKILLS**

List any Skills, Training, Certifications, Equipment Operated:

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**FORMER EMPLOYERS** List below your last four employers, starting with the most current one first.

Date Month & Year	Name, Address & Phone Number of Employer	Salary (Upon Leaving)	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

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**REFERENCES** List below three persons not related to you, whom you have known at least one year.

	Name	Phone Number	Position	Years Acquainted
1				
2				
3				

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I certify the information contained in this application is true, correct, and complete. I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal.

I hereby authorize DLC to check my driving record and I understand that this record may or may not contain personal information in addition to any or all violations which may be on my record. I knowingly agree to the findings and will allow DLC to run an MVR. If not a ND Licenced driver, I will supply my driving record from the State of my License.

**Applicant Signature:**

**Date:**

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