



An Equal Opportunity Employer and a Drug Free Workplace. Employment offers will be made on the basis of qualifications and without regard to race, color, sex, religion, national origin, disability, age or any characteristics protected under the law.

**PERSONAL INFORMATION**

|  |                            |                              |  |
|--|----------------------------|------------------------------|--|
| NAME (LAST NAME FIRST)   |                            | DATE                         |  |
| LAST   | FIRST                      | MIDDLE                       |  |
| PRESENT ADDRESS  | CITY                       | STATE                        | ZIP CODE   |
| PERMANENT ADDRESS  | CITY                       | STATE                        | ZIP CODE   |
| PHONE NUMBER<br>Á  | Are you 18 years or older? |                              | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? |                            | YES <input type="checkbox"/> | NO <input type="checkbox"/>                              |
| HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?   |                            | YES <input type="checkbox"/> | NO <input type="checkbox"/>                              |
| IF YES, PLEASE EXPLAIN : _____   |                            |                              |  |

**EMPLOYMENT DESIRED**

|  |   |                             |
|--|---|-----------------------------|
| POSITION   | DATE YOU CAN START  | SALARY DESIRED              |
| ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>                     | MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> | OTHER CONCERNS:             |
| HAVE YOU APPLIED AT CL LINFOOT CO BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> | WHERE?  | WHEN?                       |
| REFERRED BY  |   |                             |
| ARE YOU AVAILABLE TO WORK :  | FULL TIME   | PART TIME                   |
| What Days?   | SUN   | MON TUE WED THU FRI SAT     |
| additional comments regarding availability:  |   |                             |
| DO YOU HAVE A VALID DRIVERS LICENSE  | YES <input type="checkbox"/>  | NO <input type="checkbox"/> |

**EDUCATION HISTORY**

| NAME AND LOCATION OF SCHOOL | C@ [ • ^ Last year ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|-----------------------------|-----------------------------|-------------------|------------------|
| HIGH SCHOOL                 | 1 2 3 4                     |                   |                  |
| COLLEGE                     | 1 2 3 4                     |                   |                  |
| TRADE, BUSINESS SCHOOL      | 1 2 3 4                     |                   |                  |
| OTHER                       |                             |                   |                  |

LAST

FIRST

M.I.

**GENERAL INFORMATION**

|                |
|----------------|
| SPECIAL SKILLS |
|                |
|                |
|                |

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE<br>MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |

**REFERENCES** (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

| NAME | ADDRESS | BUSINESS | Years Known |
|------|---------|----------|-------------|
| 1    |         |          |             |
| 2    |         |          |             |
| 3    |         |          |             |

**PLEASE CAREFULLY READ BEFORE SIGNING AND AGREEING TO THE FOLLOWING:  
CERTIFICATION AND AGREEMENT**

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of my work and personal history which is job-related and of all statements made on this application and any attachments. I certify that I will hold no person corporation, or organization liable for giving or receiving information in such an investigation. I understand that under State and Federal laws I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical or mental disability or status with respect to marriage or public assistance.

**EMPLOYMENT AT-WILL STATEMENT**

I understand that if I am employed, the employment relationship will be employment at-will which means any employee is free to end his/her employment with C.L. Linfoot at any time for any reason with or without notice; and C.L. Linfoot may also, at any time, decide to end an individual's employment or change their benefits or other terms of employment with or without cause or prior notice. I further understand that this employment application and other employment related documents are not contracts of employment; and that any oral or written statements to the contrary are hereby expressly disavowed.

**ALCOHOL AND DRUG-FREE WORKPLACE AND TESTING POLICY**

I understand C.L. Linfoot Co. has an Alcohol and Drug-Free Workplace and Testing Policy, which may require an applicant for employment and/or employees to submit to drug/alcohol screening and testing for purposes of hiring, reasonable suspicion testing, random testing, post-accident testing and return to duty testing. BY EXECUTING THIS APPLICATION I UNDERSTAND I AM AGREEING TO SUBMIT TO SUCH TESTING AND THAT A CONDITIONAL OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON SATISFACTORY TEST RESULTS. I understand that copies of Alcohol and Drug-Free Workplace and Testing Policy are available for inspection during regular business hours by employees or job applicants at the office of the Co.'s Program Manager for the Alcohol and Drug-Free Workplace and Testing Policy, located at 4805 DeMers Avenue, Grand Forks, North Dakota 58201, or call (701) 775-3961.

DATE:

SIGNATURE:

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 DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

\*\*Applications held for 30 days only\*\*