

# COMMUNITY LIVING SERVICES, INC.

111 North University  
Fargo, ND 58102

## Application for Employment

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.*

(PLEASE PRINT)

Last Name	First Name	Middle Name
Address/Number/Street	City	State/Zip Code
Telephone Number:	Social Security #:	

Are you either a U.S. citizen or alien authorized to work in the U.S.? [ ] Yes [ ] No

Do you have a valid driver's license? [ ] Yes - in what state? \_\_\_\_\_ [ ] No

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

EVER APPLIED TO CLS BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

SHIFTS AVAILABLE FOR: [ ] DAY [ ] Evenings [ ] Overnights [ ] Weekends

TYPE OF WORK YOU WILL ACCEPT: [ ] Full Time (35 hours +) [ ] Part Time

## EDUCATION

	High School				Undergraduate/ College/Univer.				Graduate/ Professional			
School Name/ Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>Employer</b>		Dates Employed: From                  To		Work Performed
Address		Hourly Rate/Salary: Starting                  Final		
Phone #:	Supervisor			
Title:				
Reason for Leaving:				
<b>Employer</b>		Dates Employed: From                  To		Work Performed
Address		Hourly Rate/Salary: Starting                  Final		
Phone #:	Supervisor			
Title:				
Reason for Leaving:				
<b>Employer</b>		Dates Employed: From                  To		Work Performed
Address		Hourly Rate/Salary: Starting                  Final		
Phone #:	Supervisor			
Title:				
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

## SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.


# PHYSICAL RECORD

Do you have any physical limitations that would limit you from performing any work for which you are being considered? (Lifting may be required to perform certain elements of job.)

[ ] Yes [ ] No

If yes, what can be done to accommodate your limitations? \_\_\_\_\_

Please describe: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name

Address

Phone #

May we contact your past employers?

[ ] Yes [ ] No

Have you been convicted of a felony, misdemeanor, or charged with a sex-related offense? (conviction will not necessarily disqualify an applicant from employment)

[ ] Yes [ ] No

## REFERENCES

*(Give the names of three persons not related to you, whom you have known at least one year):*

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability and for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Signature \_\_\_\_\_

Date \_\_\_\_\_