

Phone: (701) 222-2799 Fax: (701) 222-2899 www.ndfa.net

## **EMPLOYMENT / JOB APPLICATION**

PERSONAL INFORMATION					
FULL NAME:	Middle	<b>DATE:</b> _			
ADDRESS:					
Street Address		Apt/S	Suite		
City	State	Zip (	Code		
E-MAIL:		PHONE:			
SOCIAL SECURITY NUI	MBER (SSN):				
DATE AVAILABLE: DESIRED PAY: \$ □ HOUR □ SALARY					
POSITION APPLIED FO	R:		· · · · · · · · · · · · · · · · · · ·		
EMPLOYMENT DESIRE	D: ☐ FULL-TIME ☐ PAF	RT-TIME SEASONAL			
EMPLOYMENT ELIGIBILITY					
ARE YOU LEGALLY EL	ICIDI E TO WORK IN	NITHE II 62 II vea II vea			
HAVE YOU EVER WOR					
*IF YES, WRITE THE START AND END DATES:					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO					
*IF YES, PLEASE EXPL	AIN:				
EDUCATION					
LDUCATION					
HIGH SCHOOL:	· · · · · · · · · · · · · · · · · · ·	CITY / STATE:			
FROM:	TO:				
GRADUATE? ☐ YES ☐ N	o DIPLOMA:				



## North Dakota Firefighter 's Association 1502 Grumman Lane, Suite 2

Bismarck, ND 58504

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COLLEGE:	CITY / STATE:		
FROM:	TO:		
GRADUATE? □ YES □ NO □	DEGREE:		
OTHER:	CITY / STATE:		
FROM:	TO:		
DEGREE/CERTIFICATION:			
OTHER:	CITY / STATE:		
FROM:	TO:		
DEGREE/CERTIFICATION:			
	PREVIOUS EMPLOYMENT		
EMPLOYER 1: Company / Indivi	dual		
E-MAIL:	PHONE: _		
ADDRESS:			
Street Address		Apt/Suite	
City	State	Zip Code	
STARTING PAY: \$	HOUR  SALARY ENDING PAY: \$_		_ 🗆 HOUR 🗆 SALARY
JOB TITLE:	RESPONSIBILITIES:		
FROM:	TO:		
REASON FOR LEAVING: _			
EMPLOYER 2:	dual		
E-MAIL:	PHONE: _		
ADDRESS: Street Address		Apt/Suite	



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City	State	Zip Code	<del>)</del>
STARTING PAY: \$	hour  salary ENDIN	IG PAY: \$	🗆 HOUR 🗆 SALARY
JOB TITLE:	RESPONSIBILITIES:		
FROM:	TO:		
REASON FOR LEAVI	NG:		
EMPLOYER 3: Company	/ / Individual		
E-MAIL:		PHONE:	
ADDRESS: Street Address	s	Apt/Suite	e
City	State	Zip Code	9
STARTING PAY: \$	□ HOUR □ SALARY ENDIN	IG PAY: \$	□ HOUR □ SALARY
JOB TITLE:	RESPONSIBILITIES:		
FROM:	TO:		
REASON FOR LEAVI	NG:		
	REFERENCES (PROFESSIONAL ONL		
FULL NAME:	Last	_ RELATIONSHIP	;
COMPANY:		_ TITLE:	
E-MAIL:		PHONE:	
FULL NAME:	Last	_ RELATIONSHIP	:
COMPANY:		_ TITLE:	<del> </del>
E-MAIL:		PHONE:	



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FULL NAME:	RELATIONSHIP:			
	TITLE:			
E-MAIL:	PHONE:			
MILITARY SERVICE				
ARE YOU A VETERAN?   YES   NO				
BRANCH:	RANK AT DISCHARGE:			
FROM:	ТО:			
TYPE OF DISCHARGE:				
IF NOT HONORABLE, PLEASE EXPL	LAIN:			
BACKGF	ROUND CHECK CONSENT			
IF ASKED, ARE YOU WILLING TO C	CONSENT TO A BACKGROUND CHECK?   YES  NO			
	DISCLAIMER			
through diversity. In order to ensure the	Equal Opportunity Employer and committed to excellence his application is acceptable, please print or type with the der for it to be considered.			
Please complete each section EVEN I	F you decide to attach a resume.			
application leads to my eventual emple	rs are true and honest to the best of my knowledge. If this oyment, I understand that any false or misleading ew may result in my employment being terminated.			
SIGNATURE	DATE			
PRINT NAME				