

# APPLICATION FOR EMPLOYMENT



## PERSONAL INFORMATION

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Last Name                                      First Name                                      Mid. Initial                                      Telephone Number

Address    City    State      Zip

Are you authorized to work in the United States?                                      Yes                                      No

Have you ever been convicted of a crime, other than a minor traffic violation?                                      Yes                                      No

If yes please explain

Can you perform the essential functions of the job with or without reasonable accommodation?                                      Yes      No

If this job requires you to travel, are you able to do so?                                      Yes      No

## EMPLOYMENT DESIRED

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Position Applying For                                      Date you can Start                                      Salary/Hourly Rate Desired

Are you willing to work weekends?                                      Yes                                      No

Are you willing to work evenings?                                      Yes                                      No

Are you willing to work holidays?                                      Yes                                      No

Would you like to work...                                      Full-time                                      Part-time

## EDUCATION OR TRAINING

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Name of School                                      Course of Study                                      Years Completed                                      Did you graduate?

High School    Yes      No

College    Yes      No

College    Yes      No

Other

Other Certifications/Licenses

## EMPLOYMENT HISTORY

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Please list present employer first.

May we contact your current employer for reference?      Yes      No      Not Applicable

Employer			
Employer Address	City	State	Telephone
Date Started	Date Ended	Average Hours worked per week	
Job Title	Supervisor	Monthly Salary	
Work performed or Duties			
Reason for leaving			

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## REFERENCES

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Give the name of 3 persons not related to you, whom you have known for at least a year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

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 will full 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 all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. 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.

Applicant Signature (A typed name is considered a signature)

Date

## SUBMIT APPLICATION

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**Click** **to submit application by email!**  
(Instantly links to your email program)

**Mail:** 1) Save application to your desktop  
2) Print  
3) Mail to: Central Sales, Inc.  
PO Box 1071  
Jamestown, ND 58402



**Email:** 1) Save application to your desktop  
2) Attach to new email and send to [centralsales@daktel.com](mailto:centralsales@daktel.com)

Central Sales, Inc. does not discriminate on the basis of race, color, national origin, sex genetics, religion, age or disability in employment or the provision of services and complies with the provisions of North Dakota Human Rights Act.

04-24-2015