



# Prime Employment Services LLC

945 Eagle Drive Suite #103  
PO BOX 1173  
New Town ND, 58763  
Office #: (701) 627-4150  
www.primeemploymentservices.com

## Application for Employment

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Desired Position: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Are you a Veteran of the Armed Forces? YES  NO  If yes, DD214 is required, please attach to application.

Have you ever been convicted of a crime and/or felony? (Not all convictions are disqualifiable.) YES  NO

If yes, explain: \_\_\_\_\_

### Education/College/Certifications/Trade

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list 2 Professional and 1 Personal Reference.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Previous Employment (Start with most current)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Disclaimer and Signature**

*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 and employers 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 the company from all liability for any damage that may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization for such information.*

*I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company.*

*This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.*

*I understand that a criminal records check will be conducted prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a conviction will not automatically result in disqualification from employment.*

*In compliance with federal law, all persons hired will be required to verify identify and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.*

*All applications and documentations attached with application will be at the property of Prime Employment Services, LLC and retained on file for up to 6 months. All forms and documentation will be disposed of onsite and no copies will be made nor retained or returned. After 6 months all applicants will need to reapply, if not hired.*

*All Applications and documentation will not be accepted via fax. Only Email (Scanned) and hand delivered.*

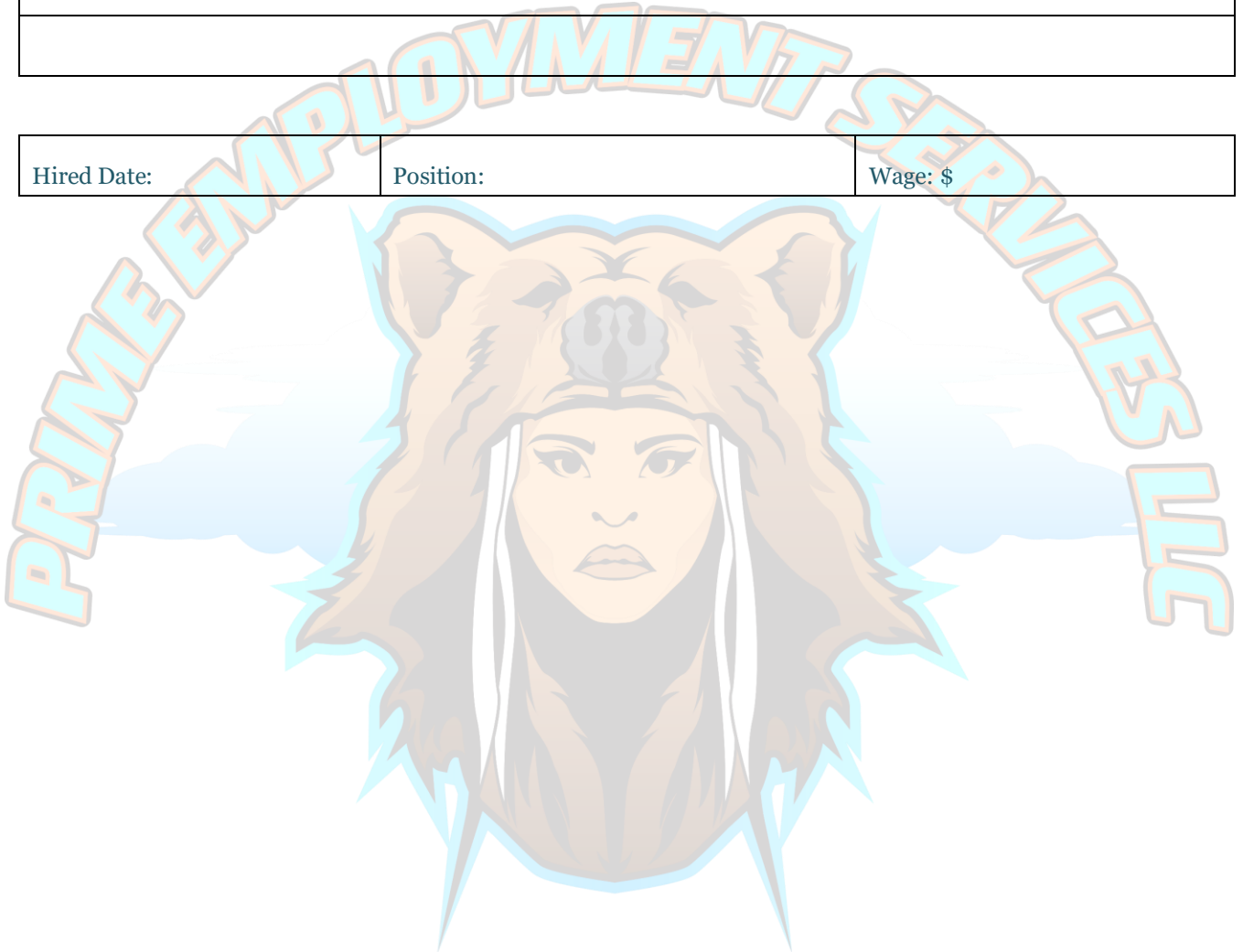
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW OFFICE USE ONLY

Interviewed By:	Date:
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Remarks:


Hired Date:	Position:	Wage: \$
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## Authorization and Consent for Release of Information

Print Name			Primary Contact Ph#
Current Address	State	Zip Code	Secondary Contact Ph #
Social Security Number	Date of Birth	State of Driver's License and number	
Name of Tribe Enrolled (if applicable)			

I hereby authorize any investigator, or other duly accredited representative of the agency investigating my background, to obtain any relevant information related to my criminal, educational and professional background from individuals, educational institutions, employers and criminal justice agencies. The information which I authorize to be released includes but is not limited to, my academic background, employment history and criminal record.

I further authorize any investigator or other duly accredited representative conducting my background investigation to request and obtain criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment. I understand that I may request a copy of such records as may be available to me under the law.

I understand and agree that the consent hereby granted is contingent upon the agreement by the individuals receiving any information on my background holding such information confidential and agreeing not to share it with any individual, agency or third party that does not have a need to know such information or that is not authorized by me to receive such information.

\_\_\_\_\_

Signature (sign in blank ink only)

\_\_\_\_\_

Date