



1661 I-94 BUSINESS LOOP EAST | DICKINSON, ND 58601-1406 | (701) 977-4323 OFFICE

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I. _____ DATE: _____

STREET ADDRESS: _____ APARTMENT/UNIT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

POSITION APPLYING FOR: _____ DATE AVAILABLE: _____ DESIRED WAGE: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____ RELATION: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES: _____ NO: _____

IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES: _____ NO: _____ IF SO, WHEN: _____

HAVE YOU EVER WORKED FOR THIS COMPANY? YES: _____ NO: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: _____ NO: _____

IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES: _____ NO: _____

COLLEGE: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES: _____ NO: _____ DEGREE _____

OTHER: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES: _____ NO: _____ DEGREE _____

REFERENCES PLEASE LIST THREE PROFESSIONAL REFERENCES

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ PHONE: _____

PREVIOUS EMPLOYEMENT

COMPANY: _____ ADDRESS: _____

SUPERVISOR NAME: _____ PHONE: _____

JOB TITLE: _____ STARTING WAGE: \$ _____ ENDING WAGE: \$ _____

RESPONSIBILITIES INCLUDED: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES _____ NO _____

COMPANY: _____ ADDRESS: _____

SUPERVISOR NAME: _____ PHONE: _____

JOB TITLE: _____ STARTING WAGE: \$ _____ ENDING WAGE: \$ _____

RESPONSIBILITIES INCLUDED: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES _____ NO _____

COMPANY: _____ ADDRESS: _____

SUPERVISOR NAME: _____ PHONE: _____

JOB TITLE: _____ STARTING WAGE: \$ _____ ENDING WAGE: \$ _____

RESPONSIBILITIES INCLUDED: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES _____ NO _____

WHICH OF THESE JOBS DID YOU LIKE THE BEST? _____

HOW DID YOU HEAR ABOUT EXTREME UNDERGROUND HDD, LLC? _____

MILITARY SERVICE

BRANCH: _____ FROM: _____ TO: _____

RANK AT DISCHARGE: _____ TYPE OF DISCHARGE: _____

IF OTHER THAN HONORABLE, PLEASE EXPLAIN: _____

DISCLAIMER AND SIGNATURE:

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

APPLICANT SIGNATURE_____
DATE**EXTREME UNDERGROUND HDD, LLC IS AN EQUAL OPPORTUNITY EMPLOYER**