



## Non DOT Application for Employment

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

### PERSONAL

Full Name:		First	Middle	Last
Address:		City:	State:	Zip:
Phone: ( )		Mobile/Other:		
Date Available to Start:				
Type of employment desired: (Please check one)		Full-Time:	Part-Time:	Seasonal:

### GENERAL INFORMATION

Are you under the age of 18?
If under the age 18, can you supply working paper?
Are you legally allowed to work in the United States?

### ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications, which you believe should be considered in evaluating your qualifications for employment.

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**PREVIOUS EMPLOYMENT** (begin with most recent position):

Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name: \_\_\_\_\_ Phone: (    )

Address:

Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving:

May we contact this employer for a reference?

Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name: \_\_\_\_\_ Phone: (    )

Address:

Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving:

May we contact this employer for a reference?

Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name: \_\_\_\_\_ Phone: (    )

Address:

Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving:

May we contact this employer for a reference?

## EDUCATION

Education Type of School	Name and Address of School	Major Subject	Circle Yr. Attended				Graduated	
			9	10	11	12	Yes	No
High School								
College								
Graduate School								
Business, Trade, Other								

## REFERENCES

Please list 3 personal references (no relatives please).

Name	Address	Phone Number	Relationship

## RELEASE OF INFORMATION

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Basin Service Company, Inc  
9926 Hwy 83 - PO Box 397, Westhope ND 58793