



**First Nations Womens Alliance**  
*Supporting and Healing the Victims of Domestic Violence and Sexual Assault*

## EMPLOYMENT APPLICATION

**PO Box 107, Devils Lake, ND 58301**

**Phone: 701-662-3380**

**Fax: 701-662-3381**

**Email: fnwa16@gmail.com**

**Please PRINT**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Current Address (Street, City, State, & Zip Code)

\_\_\_\_\_  
Other Phone #s  
Where You May  
Be Reached

Do you have the legal right to live and work in the U.S.? \_\_\_\_\_

OPTIONAL Social Security Number: \_\_\_\_\_

For what position are you applying? \_\_\_\_\_

Date available? \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

If you were employed, what would be an acceptable wage or salary range? \_\_\_\_\_

Is this negotiable? \_\_\_\_\_

Indicate your strengths relevant to the position applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you complete high school? \_\_\_\_\_

Type of School	Name of School City & State	From Mo/Yr	To Mo/Yr	Graduate Mo/Yr	Course of Study
College					

Other					

Please list participation in any of the following which may have a direct bearing on the job you are seeking:

Organizations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are your employment goals for the future? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any professional licenses, registrations and/or certifications (do not include drivers license):

Type	Date Issued	State Issued	Expiration Date
Type	Date Issued	State Issued	Expiration Date
Type	Date Issued	State Issued	Expiration Date

List any reason known to you why you might not be able to perform consistently and promptly any of the duties of the position applied for (Please review job description before answering): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If applying for a job that requires travel do you have a valid driver's license?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No Driver License Number \_\_\_\_\_

*You will need to provide proof of insurance for our liability insurance.*

Have you ever been convicted of a felony/misdemeanor/gross misdemeanor? (Please answer honestly. A yes answer does not automatically mean you won't be hired. The relevance of the offense will be considered in making a determination.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the offense? \_\_\_\_\_  
When was the conviction? \_\_\_\_\_  
Month/Day/Year

***Employment History***

Are you presently employed? \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates Employed: \_\_\_\_\_ To \_\_\_\_\_ Basic Salary/Wage: \_\_\_\_\_ - \_\_\_\_\_  
mo/yr mo/yr starting ending

Reason For Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_ Nature of Duties: \_\_\_\_\_

***Previous Employment***

Employer's Name and Address \_\_\_\_\_ Position Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates Employed: \_\_\_\_\_ To \_\_\_\_\_ Basic Salary/Wage: \_\_\_\_\_ - \_\_\_\_\_  
mo/yr mo/yr starting ending

Reason For Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_ Nature of Duties: \_\_\_\_\_

May we contact your previous employer? \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_ Position Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates Employed: \_\_\_\_\_ To \_\_\_\_\_ Basic Salary/Wage: \_\_\_\_\_ - \_\_\_\_\_  
mo/yr mo/yr starting ending

Reason For Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_ Nature of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your previous employer? \_\_\_\_\_

***Please read carefully before signing:***

I certify that all matters contained in this application are true and authorize a release of information for the purpose of investigation of all statements contained herein. I fully understand that misrepresentation or omission of facts called for in this application is cause for dismissal if employed. I also understand that employment with the FIRST NATIONS WOMEN'S ALLIANCE conveys no contractual right to the job and any employee can be terminated as specified by the Employee Handbook.

Pursuant to North Dakota Code 12-60-16.8, I hereby authorize the North Dakota Bureau of Criminal Investigation to release a copy of my criminal history record to the First Nations Women's Alliance; however, the Bureau may release only that information pertaining to convictions or to cases pending against me that are less than one year old. A federal background check and credit check may also be requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*An Equal Opportunity Employer*