

James River Community Center*Making A Difference*

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**APPLICATION
FOR
EMPLOYMENT**

James River Community Center

PERSONAL INFORMATION

Name (Last, First, Middle):	Date:	
Social Security Number:		
Home Address:		
City:	State:	Zip:
Home Phone:	Business Phone:	
Are you a citizen of the United States?	Yes	No

If not a U.S. Citizen, give Visa No. and Expiration Date:

Position You Are Applying For

Available to work: Full-time _____	Part-time _____	Fill-in _____	Days and Hours you are available:	
Do any of your friends or relatives work here:			Yes	No
If yes, list names _____				
Are you on lay-off and subject to recall?			Yes	No

EDUCATION RECORD

High School (Name, City, State):		
Graduation Date:		
College, Business or Technical School (Name, City, State):		
Dates Attended:	Degree Earned:	
Other:		

James River Senior Citizens Center Inc. is an equal opportunity employer and it is our policy to provide equal opportunities to recruit, hire, train, promote and compensate persons in all jobs without regard to race, color religion sex, national origin, age, disability, or sexual orientation.

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

Are you presently employed?	Yes	No
If yes, may we contact your present employer?	Yes	No

1-Current or Most Recent	Dates Employed:
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Address:

City:	State:	Zip:
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Phone:	Ending Salary:	
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Title/Duties:

Manager's Name and Title:

Reason for Leaving:

2-Previous	Dates Employed:
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Address:

City:	State:	Zip:
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Phone:	Ending Salary:	
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Title/Duties:

Manager's Name and Title:

Reason for Leaving:

3-Previous Employer	Dates Employed:
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Address:

City:	State:	Zip:
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Phone:	Ending Salary:	
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Title/Duties:

Manager's Name and Title:

Reason for Leaving:

Describe any physical or mental disability which would require reasonable accommodations on the job:

Are you a Veteran?	Yes	No
Branch:	Rank	Date of Service

Please summarize any other work experience you may have:

List memberships in trade or professional organizations, and any offices held in each:

List volunteer activities:

List special skills and qualifications acquired from employment, education, or training:

BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1-Name:

Work Phone:	Home Phone:
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Address:

City:	State:	Zip:
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Relationship to You:

2-Name:

Work Phone:	Home Phone:
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Address:

City:	State:	Zip:
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Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

PLEASE READ AND SIGN

Please initial or circle the following statements as verification of your status at the present time:

1. I declare that I **HAVE NOT BEEN** convicted of a Driving Under the Influence charge:

Initials	Date
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2. Requirement of 49CFR Part 40.25 it is necessary to obtain drug and alcohol testing information from applicant Previous covered employer. Have you worked for a DOT Regulated Agency in a safety sensitive position
Circle YES or NO
3. Have you tested positive for controlled substance in a covered DOT Regulated testing in the past 2 years?
YES or NO
4. I declare that I **HAVE NOT BEEN** convicted of a Moving Violation charge in the past two (2) years.

Initials	Date
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5. I declare that I **DO NOT** have a contagious disease.

Initials	Date
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6. I declare that I own a motor vehicle that meets with the North Dakota requirements governing vehicle registration, license, insurance and equipment safety.

Initials	Date
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I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that James River Community Center will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by James River Community Center.
3. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my initial and continuing employment.
4. I further understand that this is an application for employment and that no employment contract is being offered.
5. I understand that if I am employed by James River Community Center, such employment is for no definite period of time and that said employer can change hours, benefits, and other conditions of employment at any time as needed.

I have read and understand the above. I agree to the above statements as conditions for consideration as an application for a position with James River Community Center.

Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, or disability.

Signature:

Date:
