

Ebel Inc.

2407 2nd Ave West, Williston ND 58801
(701) 774-3235
525 20th Ave SE, Minot ND 58701
(701) 837-9000

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, qualified disability, or any other protected status. Qualified applicants are considered for employment according to the laws of the respective state of employment.

INSTRUCTIONS: Applicants must furnish complete and accurate information. Incomplete applications will not be considered for employment. In case you have resume, fill out complete application and attach resume to back.

(PLEASE PRINT)

Date of application: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ - _____ Lived there since: _____

Social Security Number: _____ Position Desired: _____

Location Desired: Williston, ND Minot, ND

Date available to start: _____ Salary/Compensation Desired: _____

Full-Time Part-Time Weekends Other: _____

(It is not necessary for you to identify unavailability for work because of religious observance or practice. After, and if, a job offer is made, we will consider whether a reasonable accommodation can be made for your observance.)

Referral Source: Employment Agency Advertisement Walk-In Applicant Friend

Have you ever applied for a position with us? Yes No If "Yes", when and where? _____

Have you ever been employed by us? Yes No If "Yes", when and where? _____

EDUCATIONAL DATA

High School: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Diploma received: _____

College: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Dates Attended: _____

Degree received: _____ Grade Point Average: _____

Trade, Business or Correspondence School: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Major: _____ Dates Attended: _____

Degree received: _____

Are you planning to pursue further studies? Yes No If "Yes", When, Where and What courses?

GENERAL INFORMATION

(In responding to these questions, continue on a separate sheet if you require additional space.)

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.? Yes No

(Pursuant to the Immigration Reform and Control Act of 1986, all applicant's who receive an offer of employment must immediately complete an I-9 form and produce documentation, no later than seventy-two hours after commencement of employment, establishing their identity and authorization for employment in the United States.)

If employment is offered, can you provide personal identification such as U.S. Passport, a driver's license or photographic Identification card issued by the state? Yes No

Are you over 18 years of age? Yes No If "No", state age: _____ (If "No", Employment is subject to verification that you are of legal age to work.)

Have you ever been convicted of or plead guilty to a crime? Yes No (A conviction will not automatically disqualify you from being considered as a candidate for employment.) If "Yes", please explain: _____

RESIDENTIAL HISTORY

(This information is needed and will be used only in relationship to your background check.)

(All Applicants Must Account For The Last 10 Years.)

List Below Starting With The Last Previous Address First:

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job, account for all periods of time, unemployment and military service included.

(All Applicants Must Account For The Last 10 Years.)

(If you need additional space, please continue on a separate sheet of paper.)

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor's Name: _____
Position Held: _____ Full-Time Part-Time
Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason for Leaving: _____
May we contact this employer? Yes No If "No", please explain: _____

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor's Name: _____
Position Held: _____ Full-Time Part-Time
Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason for Leaving: _____
May we contact this employer? Yes No If "No", please explain: _____

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor's Name: _____
Position Held: _____ Full-Time Part-Time
Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason for Leaving: _____
May we contact this employer? Yes No If "No", please explain: _____

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor's Name: _____
Position Held: _____ Full-Time Part-Time
Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason For Leaving: _____
May we contact this employer? Yes No If "No", please explain: _____

ADDITIONAL EXPERIENCE

Summarize any additional experiences and/or skills you may not have mentioned that would be relevant to the position you are applying for: _____

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these questions, continue on a separate sheet if you require additional space.)

List dates and reasons for any gaps in employment experience you listed over a one month period. _____

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? Yes No If "Yes", identify the name(s) and relevant dates: _____

MILITARY SERVICE

Are/Were you in the U.S. Armed Forces? Yes No Branch: _____

Length of Service: From: _____ To: _____ Rank at discharge: _____

Describe any special job related training received relating to position applied for: _____

Have you ever had training/schooling under the G.I. Bill? _____ If "yes", describe: _____

REFERENCES

Give name, address and telephone numbers of 4 references who are not related to you and are not previous employers.

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

ESSAY QUESTIONS

Describe what your responsibilities were at your last job.

What did you like best about your last job?

What did you like least about your last job?

Describe the circumstances, which led up to your decision to leave your last job.

If you could have made one suggestion to management at your last job, what would it have been?

What is your greatest strength?

What do you see yourself doing five years from now?

If there were absolutely no restrictions placed on you, what would you most want to do in life?

DRIVING RECORD

Have you a valid driver's license? Yes No

Driver's License Number: _____ Expiration Date: _____ State Issued: _____

List any restrictions on driver's license: _____

If less than 5 years in this state, please provide what state you were previously licensed in: _____

If answer is "Yes" to any of the following questions, please explain, giving dates and details.

Have you been cited for speeding during the last three years? Yes No _____

Have you been cited for any moving violation during the past three years (left turn, etc.) Yes No

Has your driver's license ever been revoked or suspended? Yes No _____

Have you ever been placed on suspension or probation? Yes No _____

Have you had a vehicle accident of any type within the last three years? Yes No _____

Have you ever been cited for reckless driving? Yes No _____

Has your auto insurance ever been cancelled or has any company declined to insure you? Yes No

