



## Employment Application

Applicant Information			
Last Name:	First Name:	M.I.:	Date:
Street Address:		Apartment/Unit #	
City:		State:	Zip Code:
Phone:	E-mail Address:		
Date Available:	Social Security #	Desired Salary:	
Position Applied for:			
Are you a citizen of United States?	Yes    No	If no, are you authorized to work in the U.S.?	Yes    No
Have you ever worked for this company?	Yes    No	If so, when?	
Have you ever been convicted of a felony?	Yes    No	If yes, explain:	

Education					
High School:			Address:		
From:	To:	Did you graduate?	Yes	No	Degree:
College:			Address:		
From:	To:	Did you graduate?	Yes	No	Degree:
Other:			Address:		
From:	To:	Did you graduate?	Yes	No	Degree:

**Ramsey County**  
 605 3<sup>rd</sup> Street NE  
 PO Box 691  
 Devils Lake, ND 58301  
 Phone: (701)662-3099  
 Fax: (701)662-6099

**Cavalier County**  
 324 7<sup>th</sup> Ave  
 Langdon, ND 58249  
 Phone: (701)662-3099

**Griggs, Nelson & Steele Counties**  
 807 Burrel Ave NW  
 Cooperstown, ND 58425  
 Phone: (701)797-2386

**Towner County HA**  
 808 6<sup>th</sup> Street  
 Cando, ND 58324  
 Phone: (701)968-3922  
 Fax: (701)968-3487



# NORTH CENTRAL HOUSING AUTHORITY

[www.northcentralha.com](http://www.northcentralha.com)



Previous Employment		
I. Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
Reason for Leaving:	From:	To:
May we contact your previous supervisor for a reference?	Yes	No
II. Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
Reason for Leaving:	From:	To:
May we contact your previous supervisor for a reference?	Yes	No
III. Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
Reason for Leaving:	From:	To:
May we contact your previous supervisor for a reference?	Yes	No

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References	
<i>Please list three professional references.</i>	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

Military Service		
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, 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.	
Signature:	Date:

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