



Cankdeska Cikana Community College
PO Box 269
Fort Totten, ND 58335
www.littlehoop.edu
Phone: (701)766.1333

Application for Employment

(Please Print)

Date of Application: _____ Position(s) Applied for: _____

Referral Source: Advertisement ___ Employment ___ Friend ___ Relative ___ Other (list) _____

Name: _____
Last First Middle Initial

Address: _____
PO Box No. Street City State Zip Code

Telephone: (____) ____ - ____ Alternate Telephone Number: (____) ____ - ____

Email address: _____

Social Security No.: ____ - ____ - ____

Are you available to work: Full-time _____ Part-time _____

If part-time, specify days and hours: _____

Date you can start: _____

Can you travel if a job requires it? Yes _____ No _____

Have you ever been convicted of a felony within the last 7 years? * Yes _____ No _____

If yes, state nature of offense, when, where, and disposition: _____

*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

State name(s) of any relatives(s) in our employment and your relationship to them:

Work Experience

List in order, start with your present or last job. Account for any gaps in your employment.

Employer: _____

Address: _____

Date Employed from: _____ to _____ Job Title: _____

Supervisor: _____ Phone Number: _____

Hourly Rate/Salary Starting: _____ Ending: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

May we contact employer? Yes _____ No _____ If no, Why? _____

Employer: _____

Address: _____

Date Employed from: _____ to _____ Job Title: _____

Supervisor: _____ Phone Number: _____

Hourly Rate/Salary Starting: _____ Ending: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

May we contact employer? Yes _____ No _____ If no, Why? _____

Employer: _____

Address: _____

Date Employed from: _____ to _____ Job Title: _____

Supervisor: _____ Phone Number: _____

Hourly Rate/Salary Starting: _____ Ending: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

May we contact employer? Yes _____ No _____ If no, Why? _____

Educational Data

(Official transcripts are required if hired)

School		
Address of School		City
State		
Course of Study		
Number of Years Completed	Did you graduate? (Yes/No)	Diploma/Degree Received

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State		
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Course of Study		
Number of Years Completed	Did you graduate? (Yes/No)	Diploma/Degree Received

MILITARY SERVICE RECORD

Have you ever served in the United States Armed Forces? Yes ____ No ____

If yes, list duties in the Service, including special training that is relevant to the position for which you have applied.

Describe specialized training apprenticeship, skills and extra curricular activities:

Computer Programs: _____

Typing: _____ w.p.m. (if applicable)

State any additional information you feel may be helpful to us in considering your application:

References

List three references of individuals familiar with your preparation/experience.

Name		Occupation	
Address		City	State
Dates Known:	Type of Reference	Telephone Number	

Name		Occupation	
Address		City	State
Dates Known:	Type of Reference	Telephone Number	

Name		Occupation	
Address		City	State
Dates Known:	Type of Reference	Telephone Number	

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in termination.

Signature of Applicant

Date

STATEMENT OF POLICY ON NON-DISCRIMINATION

Cankdeska Cikana Community College will not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, gender, sexual orientation, disability, age, religion, ancestry, or any other legally protected classification. Announcement of this policy is in accordance with Federal law, including Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Inquiries or concerns may be referred to the Vice President of Academics, Cankdeska Cikana Community College, (701)766-1133 or 1-888-783-1463 or to the Office of Civil Rights, US Department of Education, 500 W. Madison Street Suite 1475 Chicago, IL 60661.