

Tri-City CARES, Inc.

Box 423
 Stanley, ND 58784
 Phone 701-628-2990
 Fax 701-628-2667

Center for Administering Rehabilitation and Employment Services
 New Town * Stanley * Tioga

Personal Contact Information		
Last Name	First Name	Middle Initial
Address/ Post Office Box		
City	State	Zip Code
Telephone Number	Alternate Telephone Number	Date
Availability Information		
Check if you are willing to accept <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Check if you are willing to work <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Split Shift	Check the days you are available <input type="checkbox"/> Sundays <input type="checkbox"/> Fridays <input type="checkbox"/> Mondays <input type="checkbox"/> Saturdays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays
Availability Information Comments:		

Educational Background Information		
Highest Grade Completed		
Name of School	Course of Study	Degree
Occupational License/ Certificates		
Certificate/License Name	Organization	Completion Date
List qualifications, special skills or abilities you have, or equipment you can operate.		

Military Background Information

Are you a veteran? ___ Yes ___ No

Driver License Information

Do you have a valid driver license? ___ Yes ___ No

Driver License Type _____ Issuing State _____

Employment History

Complete this section beginning with your current or most recent employer.

Employer Name _____

Job Title _____

Location _____

Start Date _____

End Date _____

Salary _____

Salary is per ___ Hour ___ Month ___ Year ___ Other _____

Job Duties:

Employment History- Next Most Recent Employer

Employer Name _____

Job Title _____

Location _____

Start Date _____

End Date _____

Salary _____

Salary is per ___ Hour ___ Month ___ Year ___ Other _____

Job Duties:

Employment History - Next Most Recent Employer

Employer Name _____

Job Title _____

Location _____

Start Date _____

End Date _____

Salary _____

Salary is per ___ Hour ___ Month ___ Year ___ Other _____

Job Duties:

2

Employment History - Summary of Other Work History

References: Please list the name and phone number of three people, not related to you, that can be contacted as a reference.
Two of the three should be former employers

Name	Phone Number	Relationship	Address

Tri-City CARES, Inc. is an equal opportunity employer/ program provider. Auxiliary aids and services are available upon request to individuals with disabilities.

Signature of Applicant

Date

3