



APPLICATION FOR EMPLOYMENT

Return application to RTS Shearing, PO Box 1177, Jamestown, ND, 58402-1177, or FAX 701-252-1809

Position Applying for: _____

How did you find out about RTS employment opportunities? _____

GENERAL INFORMATION

NAME (Last)	First	Middle Initial	Home Telephone () _____
_____	_____	_____	_____
Mailing Address	City	State Zip	Other Telephone () _____
_____	_____	_____	_____
E-Mail Address	Are you legally entitled to work in the US? ___ Yes ___ No		
_____	_____		
Date you can start work	Days Available Sun M T W Th F Sat	Will Accept ___ Part Time ___ Full Time ___ Regular ___ Temporary	
_____	_____	_____	

DRIVERS LICENSE INFORMATION

Do you have a valid driver license? ___ Yes ___ No Driver License Class _____ Issuing State _____

Endorsements (check all that apply) _____ Tanker Vehicles _____ Double & Triple Trailers _____ Hazardous Material
 _____ School Bus _____ Passenger Bus

EDUCATION, TRAINING, CERTIFICATIONS, AND VETERAN STATUS

Do you have a High School Diploma? ___ Yes ___ No Do you have a GED? ___ Yes ___ No

Other education after High School/GED (most resent first):

Name of School, City, State	Graduated	Earned Degree	Major or Course of Study
_____	___ Yes ___ No	_____	_____
_____	___ Yes ___ No	_____	_____
_____	___ Yes ___ No	_____	_____

Occupational License, Certificate or Registration	Number	Issued by	Expiration Date
_____	_____	_____	_____
Occupational License, Certificate or Registration	Number	Issued by	Expiration Date
_____	_____	_____	_____

Are you a U .S .Military Veteran? ___ Yes ___ No

ADDITIONAL INFORMATION AND SKILLS

Describe volunteer work, community involvement, hobbies, or other qualifications or skills:

WORK EXPERIENCE (Current or most recent first)

Employer _____ Telephone Number () _____ From (Mon/Yr) _____ to _____

Street Address/City/State _____

Job Title _____ Hours/Week _____ Rate of Pay _____

Duties/Skills/Equipment and Software Used

Reason for Leaving _____ May we contact this employer? ___ Yes ___ No

Employer _____ Telephone Number () _____ From (Mon/Yr) _____ to _____

Street Address/City/State _____

Job Title _____ Hours/Week _____ Rate of Pay _____

Duties/Skills/Equipment and Software Used

Reason for Leaving _____ May we contact this employer? ___ Yes ___ No

Employer _____ Telephone Number () _____ From (Mon/Yr) _____ to _____

Street Address/City/State _____

Job Title _____ Hours/Week _____ Rate of Pay _____

Duties/Skills/Equipment and Software Used

Reason for Leaving _____ May we contact this employer? ___ Yes ___ No

BUSINESS-RELATED REFERENCES)

NAME _____ Address, City, State, Zip _____ Telephone Number _____

I certify the information contained in this application is true, correct, and complete. I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal. By signing this application, I am giving RTS the right to perform employment checks on all employers I indicated.

Applicant Signature _____ Date _____

WORK EXPERIENCE (Current or most recent first)

Employer _____ Telephone Number () _____ From (Mon/Yr) _____ to _____

Street Address/City/State _____

Job Title _____ Hours/Week _____ Rate of Pay _____

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