



### 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date you can start work	Days Available	Will Accept		
	Sun M T W Th F Sat	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> 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 recent first):

Name of School, City, State	Graduated	Earned Degree	Major or Course of Study
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Occupational License, Certificate or Registration Number Issued by Expiration Date

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

#### ADDITIONAL INFORMATION AND SKILLS

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

Name: \_\_\_\_\_ Page 2

**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

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**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 \_\_\_\_\_

Name: \_\_\_\_\_ Page 3

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