



Employment Application

Phone: 701-751-2250
 Fax: 701-751-0451

APPLICANT INFORMATION													
Last Name				First				M.I.		Date			
Street Address								Apartment/Unit #					
City				State				ZIP					
Phone				E-mail Address									
Date Available				Social Security No.				Desired Salary					
Position Applied for													
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a valid drivers license?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		DL #					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION													
High School				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES													
<i>Please list three professional references – people you have worked with that can attest to your job abilities.</i>													
Full Name						Relationship							
Company						Phone							
Address													
Full Name						Relationship							
Company						Phone							
Address													
Full Name						Relationship							
Company						Phone							
Address													

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EMERGENCY CONTACT INFO			
Name:	Relationship:	Phone:	
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

Upon completion, please return to:
Pahlke Steel, Inc. * 1430 Industrial Drive * Bismarck, ND 58501 * heidi@pahlkesteel.com