

IMPORTANT: Please save this application first before filling it out. If you fill it out first it will be sent as a blank copy.

Crossroads Repair, LLC.

P.O. Box 550
 Jamestown, ND 58402
 Phone: 701-252-7220
 Toll Free: 1-877-252-7220
 Fax: 701-252-7225



Application for Employment

Thank you for your interest in employment with Crossroads Repair, LLC. Our organization does not discriminate on the basis of race, color, religion, national origin, sex, marital status, sexual orientations, and status with regard to public assistance, disability, age or any other protected classification. Crossroads Repair, LLC provides reasonable accommodations to qualified applicants and employees with disabilities.

Personal Information

Last Name		First Name		MI	SSN
Present Address/Box			City	State	Zip Code
Email Address					
Home Number	Cell Phone		Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Class
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Proof of eligibility will be required upon employment.		
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, when?		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain:					

General Information

Position applying for	Date you can start	Salary/wage expected
Check if you are willing to accept		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary

Education/Training

Place an "X" in front of the highest grade completed <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18		
Name of School	Course of Study	Degree, Certificate, Occupational License
Subjects of special study or research work		

Special Skills/abilities/certificates/license(s)/equipment/software operated
List any other qualifications which should be considered

Military Information

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch
Dates of Service From	To

Please Complete the Work History Section Starting With Your Present or Most Recent Job

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company	City	State
Job Title	Hours Worked Per Week	
List of specific tasks completed on the job.	Machines/Equipment You Have Operated	
Date Started	Wage \$ _____ per _____	Reason for Leaving:
Date Ended		

Company	City	State
Job Title	Hours Worked Per Week	
List of specific tasks completed on the job.	Machines/Equipment You Have Operated	
Date Started	Wage \$ _____ per _____	Reason for Leaving:

Company	City	State
Job Title	Hours Worked Per Week	
List of specific tasks completed on the job.	Machines/Equipment You Have Operated	

Date Started	Wage \$ _____ per _____	Reason for Leaving:

Please summarize any other work history you may have.

References: Please list three individuals who are not related to you and are not previous employers.

Name	Address	Telephone Number

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.

Date: _____ **Signature of Applicant:** _____