

APPLICATION FOR EMPLOYMENT

Williston Research Extension Center 14120 Highway 2 West Williston, ND 58801-8629 701-774-4315



NAME							
Last			First		Middle		
ADDRESS							
	Street or PO Box			City	State	Zip Code	
TELEPHONE	E			EMAIL_			
Do you have a valid driver's license? Yes 🗆 No 🗆							_
-					Classification	Issuing State	
When will you be available?							
Beginning W		Vork Date		End Work Date-Month & Day			
Are you willing	to work under adv	erse weather	conditio	ons? Yes	□ No □		
Do you have a	iny health conditior	ns which woul	d endar	nger the sa	afety or health of yours	self or others? Yes No	
Are you at leas	st 16 years of age?	Yes 🗆 No 🗆					

EDUCATION: High School, College, Graduate School, Vocational/Technical

Name of School	Location (State)	Course of Study	Credits Completed	Diploma/Certificate

EMPLOYMENT EXPERIENCE: (Begin with most recent and go back)

Name of Employer	Job Duties	Start Date/End Date

Do you have any experience operating Garden & Field Equipment? Yes \Box No \Box , If yes please list equipment and amount of experience.

Do you have any experience operating Lab Equipment?	Yes □ No □,	If yes, please list equipment and amount/level of
experience.		

List the Computer Software you have experience with: _____

CERTIFICATION: I certify that all statements made in this application are true, complete and correct to the best of my knowledge and are made in good faith.

Signature

Date

Applicants <u>not</u> contacted by October 1st should presume they are no longer being considered for employment. NDSU is an equal opportunity institution.