

NORTH STAR COOP

P.O. Box 689 Cavalier, ND 58220 Phone 701.265.3373 | www.northstarcoop.com | Fax 701.265.3375

Position Applying For:	Date Available to Start:									
PERSONAL CONTACT INFORMATION										
Last Name		First Name					M.I.			
Address		I				<u></u> !				
City	State				Zip	Zip				
Home Phone		Cell Phone				E-Ma	E-Mail			
		AVAILABIL	ITY INF	FORMA	TION	I				
Type of Work	Days & Ho	Days & Hours Available to Work								
Full Time		Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.		
Part-Time										
		ACCO	MMOD	ATIONS	<u> </u>	I	•	•	1	
If you answered "Yes, I can perform the essetial function of this job with a reasonable accommodation" to the a above question, please explain accommodation that may be required: 										
Highest Crede Completed	EDUCA	I IONAL BAG	LKGRO	UNDIN	NFORM	ATION				
Highest Grade Completed										
School Attended		Course of Study					Degree			
OCCUPATIONAL LICENSE/CERTIFICATES										
Type of Certificate		Organization					Date of Completion			

List any other qualifications such as special skills, abilities and equipment knowledge which should be considered.									
MILITARY BACKGROUND INFORMATION									
Are you a veteran:YesNo									
DRIVER LICENSE INFORMATION									
Do you have a valid driver license: Yes		Issuing State:							
Driver License Type:									
Do		senger Bus ker Vehicles							
	EMPLOYMENT HISTORY								
Most Recent Employer									
Employer Name									
Job Title									
Start Date									
End Date									
Salary									
Salary based upon									
Job Duties									
2nd Most Recent Employer									
Employer Name									
Job Title									
Start Date									
End Date									
Salary									
Salary based upon									
Job Duties									
Signature of Applicant			Date:						