



2601 Twin City Drive
Mandan, ND 58554
Ph: 701-663-7966
Fax: 701-667-0865

Application for Employment

Please print all information except signature.

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. **Leingang Home Center is an Equal Opportunity Employer.**

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____ Social Security #: _____ Home Phone #: _____ Cell Phone #: _____
() ()

Please list below your current address and your two other most recent addresses:

Current: Street: _____ City: _____ State: _____ Zip: _____ Since (Mo/Yr): _____

Street: _____ City: _____ State: _____ Zip: _____ Since (Mo/Yr): _____

EDUCATION

High School Attended: _____ City, State: _____ Areas of Study: _____ Degree/Certificate/Diploma: _____

Undergraduate College Attended: _____ City, State: _____ Areas of Study: _____ Degree/Certificate/Diploma: _____

Graduate School Attended: _____ City, State: _____ Areas of Study: _____ Degree/Certificate/Diploma: _____

Trade, Business or Other School: _____ City, State: _____ Areas of Study: _____ Degree/Certificate/Diploma: _____

EMPLOYMENT INFORMATION

Position Applied For: _____ Date You Can Start Work: _____ Desired Salary: \$ _____

How did you hear about us? _____ Can You Work: Weekends Evenings

Please answer all of the following questions. When necessary, use extra paper to provide explanations:

1) Are you at least 18 years of age and legally eligible for work in the United States? YES NO

(If no, please explain): _____

2) Can you perform the essential functions of the job you are applying for with reasonable accommodation? YES NO

3) Have you ever worked for us before? YES NO

4) Do you have any responsibilities that may conflict with job attendance? YES NO

5) Are you on layoff and subject to recall? YES NO

(If yes, please explain): _____

6) Will you work (yes/no for each): Overtime YES NO Evenings YES NO Weekends YES NO Holidays YES NO

6) Are you currently bound by a non-competition or trade secret agreement? YES NO

(If yes, please explain): _____

7) Have you ever been discharged, asked to resign from, or otherwise involuntarily terminated from a job? YES NO

(If yes, please explain): _____

8) Have you ever been convicted of a felony? YES NO *A conviction will be considered only as it relates to fitness to perform the job sought.*

(If yes, how many and please explain): _____

EMPLOYMENT HISTORY

Most Recent or Current Employer	City State:	Zip Code:	Phone:
Position(s) Held:	Dates From/To:	Pay Rate Upon Leaving:	Supervisor:
Duties	Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Next Most Recent Employer:	City State:	Zip Code:	Phone: () -
Position(s) Held	Dates From/To	Pay Rate Upon Leaving	Supervisor
Duties	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Next Most Recent Employer:	City State:	Zip Code:	Phone: () -
Position(s) Held:	Dates From/To:	Pay Rate Upon Leaving	Supervisor
Duties	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY EXPERIENCE

Branch of Service: Discharge?	Rank:	Duties:	Honorable
----------------------------------	-------	---------	-----------

JOB-RELATED SKILLS AND EXPERIENCE

Do you have experience in any of the following? (Please check all that apply)

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Window Installation	<input type="checkbox"/> Siding Application	<input type="checkbox"/> Finish Carpentry	<input type="checkbox"/> Cabinet Building
<input type="checkbox"/> Trailer Towing	<input type="checkbox"/> Computers	<input type="checkbox"/> Telephone Skills	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Writing Skills
<input type="checkbox"/> Power Tools	<input type="checkbox"/> Forklift	<input type="checkbox"/> Shipping & Receiving	<input type="checkbox"/> Recordkeeping	<input type="checkbox"/> Management

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

- 1) Do you have a valid driver's license? YES NO
(If no, please explain. If yes, list Driver's License number and State issued.) _____
- 2) Have you been convicted or pled guilty to any traffic-related offense within the past five years? YES NO
(If yes, please explain) _____
- 3) Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? YES NO
(If yes, please explain) _____
- 4) Please list all states from which you hold or have held a driver's license: _____

Please list any skills, professional licenses, designations, certifications, etc., that may relate to the position applied for. Include date granted, name of organization and any other relevant information.

- 1) _____
- 2) _____
- 3) _____

PERSONAL REFERENCES

Name:	City/State:	Years Known:	Daytime Phone: () -
Name:	City/State:	Years Known:	Daytime Phone: () -
Name:	City/State:	Years Known:	Daytime Phone: () -

APPLICANT CERTIFICATION

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I authorize the investigation of all statements contained in this application. I understand that certain positions may require a credit and/or criminal background screening. I release from all liability any persons, firms, or employers supplying such information, and I also release the company from all liability that might result from making the investigation.

I agree and acknowledge that, should I be hired by the Company, I may resign at any time at my discretion, with or without prior notice. Likewise, I agree and acknowledge that the Company may terminate my employment at any time, with or without cause, at their discretion.

I understand that in the event I am offered a job with the Company, such offer is contingent upon my providing within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and truthfully.

Signature	Date
-----------	------