



1702 Schwan Ave NW, Devils Lake, ND 58301

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

CoJack Snack & Pack does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services, & complies with the provisions of the North Dakota Human Rights Act

If accommodations or assistance is needed in completing this application, please contact Human Resources at (701) 662-1908

Position(s) Applying For:	Date of Application:
How did you hear about this position: () Radio () Job Service () Friend/Relative () Other	

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
Mailing Address, City, State, Zip Code:		
Telephone Number:	Email Address:	
Are you at least 18 years of age or older?	() Yes	() No
Do you have a valid driver's license?	() Yes	() No
Are you legally qualified to work in the United States?	() Yes	() No
Are you currently employed?	() Yes	() No
May we contact your present employer?	() Yes	() No
Have you ever been employed with us before?	() Yes	() No
If yes, give date	_____	
Are you related to an employee of CoJack Snack & Pack or any of its sister companies?	() Yes	() No
If yes, to whom?	_____	
What type of employment are you seeking?	() Full-time	() Part-time
What shifts are you available to work?	() Any	() Day () Night () Other
If necessary for the job, are you able to work overtime?	() Yes	() No
On what date would you be available to work?	_____	
Desired salary range?	_____	
Can you travel if the job requires it?	() Yes	() No
Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you are applying?	() Yes	() No
Do you have a CDL?	() Yes	() No
Are you forklift certified?	() Yes	() No

EDUCATION

School Name and Location	Course of Study	Years Completed	Diploma/Degree
High School			
College			
Other			

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, age, sexual orientation or other protected status.*

Employer Name and Address		Start Date	End Date
Starting Salary	Job Title	Work Performed	
Ending Salary	Reason For Leaving		
Supervisor			
Phone Number			

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Starting Salary	Job Title	Work Performed	
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Supervisor			
Phone Number			

List professional, trade, business, or civic activities and offices held. *You may exclude membership which would reveal gender, race, color, religion, national origin, age, sexual orientation, disability of other protected status.*

Describe any job-related training received in the United States military.

JOB-RELATED SKILLS

Summarize any special job-related skills, training, apprenticeship, and qualifications acquired from employment or other experience.

PROFESSIONAL REFERENCES

Name:	Telephone Number/Email Address:
Company/Address:	Relationship:

Name:	Telephone Number/Email Address:
Company/Address:	Relationship:

Name:	Telephone Number/Email Address:
Company/Address:	Relationship:

APPLICANT'S STATEMENT

I certify that all information contained in this application and my attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment.

I authorize investigation of all statements made on this application and any attachments.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" Employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I further understand that this employment application and other employment related documents are not contracts of employment.

I further understand that ND Law prohibits smoking, including the use of electronic smoking devices, within twenty feet of entrances, exits, operable windows, air intakes, and ventilation systems of enclosed areas of places of employment and within Company vehicles. I further understand that I am required to abide by all rules, regulations, and policies of the Employer.

Applicant Signature

Date