



Employment Application

MTI provides customer service, sales and data entry support for inbound and outbound applications in a variety of industries including communications, financial, real estate, pharmaceutical, insurance, utilities, publishing and education.

We offer career opportunities in the following rural communities of North Dakota: Beulah, Bottineau, Fargo, Fessenden, Grafton, Langdon, Linton, Mohall, and Rugby.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, religion, marital status or veteran status.

Position and Location Applying For _____ Date of Application _____

Name (Last) _____ (First) _____ (MI) _____

Address _____ City _____

State/Province _____ Country _____ Zip Code _____

Home Phone _____ Work Phone _____

Mobile Phone _____ E-mail Address _____

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact you at your current job to arrange an interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filled out an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date. _____	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date and location. _____	
Are you eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available to begin work?	_____
Are you seeking: (Check all that apply)	<input type="checkbox"/> Full Time (35-40 hrs/wk) <input type="checkbox"/> Part Time (20-34 hrs/wk) <input type="checkbox"/> Temporary (Summer/Seasonal)
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consistent attendance and punctuality are essential. Are you able to meet the attendance requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", state why. _____	
Have you ever been involuntarily discharged from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please describe in full. _____	
Other than traffic violations, have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, describe in full, including dates (conviction of a crime is not an automatic bar to employment; all circumstances will be considered): _____	
How did you hear about MTI?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> MTI Website <input type="checkbox"/> Friend <input type="checkbox"/> Job Service <input type="checkbox"/> Other

Educational Background

List beginning with highest level.

School and Location (City, State)	Year Graduated or Completed Through	Course of Study

Employment and Volunteer Information

List all prior work experience, including military service, beginning with your most recent employment. (Include all work experience even if you do not believe that experience to be related to the position or positions for which you are applying.) If you wish to include a resume, you must still complete the entire application.

1.	Current or Most Recent Employer	Employment Dates (Month/Year)	
	Business Phone Number	Start _____	
	Address (City and State)	End _____	
	Supervisor's Name	Average Hours Worked per Week _____	
	Name Under Which Employed	Salary	May we contact this employer? Y/N
	Your Job Title	Lowest \$ _____	
	Your Job Duties (Be specific)	Highest \$ _____	
Reason for Leaving			

2.	Current or Most Recent Employer	Employment Dates (Month/Year)	
	Business Phone Number	Start _____	
	Address (City and State)	End _____	
	Supervisor's Name	Average Hours Worked per Week _____	
	Name Under Which Employed	Salary	May we contact this employer? Y/N
	Your Job Title	Lowest \$ _____	
	Your Job Duties (Be specific)	Highest \$ _____	
Reason for Leaving			

3.	Current or Most Recent Employer	Employment Dates (Month/Year)				
	Business Phone Number	Start _____				
	Address (City and State)	End _____				
	Supervisor's Name	Average Hours Worked per Week _____				
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Highest \$ _____						
Your Job Title						
Your Job Duties (Be specific)						
Reason for Leaving						

References

Please provide two **professional** references that have known you for more than one year:

Name	Address/Telephone	Relationship
1.		
2.		

Special Skills

Please provide any other special skills or training (such as foreign languages, machine operation, etc.) relative to the job(s) for which you are applying. If listing foreign language skills, please indicate Beginner, Intermediate or Advanced level.

Applicant's Consent

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature	Name (printed)	Social Security	Date
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