Employment Application



Only fully completed applications will be considered

Personal Data (Print or Type)

	Last		First			Middle Name			
Name									
	Street Address					Home Telephone (Include Area Code)			
						(()		
Present	City, State and Zip Code					Work Telephon	Work Telephone (Include Area Code)		
Address	,					(,	
Address	Internet e-mail Address					,			
Permanent	Street Address					Perm Address	Telenhone (In	clude Area Code)	
Address	Oncernations						Perm Address Telephone (Include Area Code) ()		
(leave blank if same as	City, State and Zip Code					Date of Applica	Date of Application		
above)									
	Position Applied For					Salary Desired	Date	Available for Work	
Job									
Interest	Type of Position Applied F	or							
	☐ Full-Time] Part-Time 🗌 Ten	nnorary	Summer	Other:				
		I/CDI Services, Inc. to hire							
Authorization		citizens or aliens that are a r, before you will be placed							
to Work	is authorized to work in		on the payror	, you will be required t	o document that y				
Address									
	Are you legally authorized to work in the United States indefinitely?								
	Will you now or in the future require sponsorship for employment visa status (e.g. H-1 B visa status)?								
	Post-secondary Schools attended Attendance Dates Degree					/Minor	Accumulative		
	L (L Name of School	ast School First)	City, State)	(Month Year) From	Earn	ed		Grade Point	
	Name of School	(C	Jily, State)	-	10				
Education				-					
History				-					
(Include				-					
Transcripts)	High School	(0	City, State)	Diploma	GED?		If Yes, City &	State where tested	
	Faculty person who knows	s you best (Name and Telephon	ie)						
Additional									
Education	Memberships in professio	nal or honorary societies and ar	ny other extracu	rricular activities					
Information									
(If additional	Post graduate research. tit	Post graduate research, title and description							
space is needed									
,									
attach a separate page)	Publications/Patents Issue	d (if applicable)							
	i i								

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	Work Schedule Interests (please select all that	apply)						
	Work Day Shifts (M-F)	🗌 Yes	Work Ove	ertime		es		
	Work a rotation work schedule	🗌 Yes	Work Par	t-Time	🗌 Ye	es		
	Work a schedule other than M-F	🗌 Yes						
	Schedule comments:							
General			- las serve of Disease share					
Information	How did you hear about a ComDel/CDI Services, Inc. career? Please check all appropriate boxes and specify.							
and Job								
Requirements	Employment Advertisement		f Publication:					
	ComDel/CDI Services Employee Employee's Name:							
	U Web Site	Name c	f Site:					
	Other:							
	Employer (company name)		Immediate Supervisor's Name	Phone	Your Job Title			
	Street Address		Employment dates (mo. and yr.)		Salary			
		From To		Begin	Begin End			
	City, State, Zip Code	Reason for leaving or why do yo	u want to leave?					
	Company's Product or Service	Summariza your job dutioa						
Employment	Company's Froduct of Service	Summarize your job duties						
			lana diata Ora anda Maraa	Dhawa	Your Job Title			
Record List current	Employer (company name)		Immediate Supervisor's Name	Phone	Your Job Title			
or most recent	Street Address				Calani			
employer first, include	Street Address		Employment dates (mo. and yr.)		Salary			
periods of unemployment,	City, State, Zip Code		From To Reason for leaving or why do yo	u want to leave?	Begin	End		
Military Service								
(show rank/rate at discharge, but	Company's Product or Service		Summarize your job duties					
not type of								
discharge).	Employer (company name)		Immediate Supervisor's Name	Phone	Your Job Title			
	Street Address		Employment dates (mo. and yr.)		Salary			
			From To		Begin	End		
	City, State, Zip Code		Reason for leaving or why do yo	u want to leave?	· -			
	Company's Product or Service		Summarize your job duties					
	Employer (company name)		Immediate Supervisor's Name	Phone	Your Job Title			
	Street Address		Employment dates (mo. and yr.)		Salary			
			From To		Begin	End		
	City, State, Zip Code	Reason for leaving or why do you want to leave?						
	Company's Product or Service	Summarize your job duties						
	Company's Product of Service							
		in to set that	halafal ta waa in 1111 - 1					
	Please include any additional Information you th	INK MIGht be	neiptul to use in considering you f	or employment, such a	as additional work experien	ce, activities, accomplishments, etc.		
Additional								
Information								

Technical	Please list software, instrumentation and tools that you are familiar with: (i.e. MS Office, Calipers, micrometer, etc.)								
Competencies									
	In what skilled craft areas d	o you have talent?							
Skilled Craft	If you have completed an app	prenticeship/technical tr	aining in a skilled craft, please list the craft	and where comple	eted				
Applicants									
Only	Was it state endorsed?	Date Completed	How long have you been a craft perso	n? Do you carry	a state license for yo	our craft?	If Yes, what type?	Date of License	
	□Yes □No			□Yes	□No				
	Name			Relationship					
Relative(s)									
at ComDel/CDI Services, Inc.									
	Have you ever signed an Agreement relating to inventions? non-competition or confidential know-how, etc. with a previous employer?								
Employee	□Yes □No								
Agreements	If yes to above, please state the company(ies) with whom Agreement was signed Please include a copy of the Agreement(s) with this application. It will expedite								
	consideration of your employment. CDI must see any such agreements prior to								
	final consideration of your employment.								
Present or	Have you ever been employed by the Federal Government (either as a civilian or in the military) in a position that may either: (1) prevent you from being employed by ComDel/CDI Services, Inc.? or (2) place restrictions on what work assignments ComDel/ CDI Services, Inc. may give you, if hired, due to Federal "revolving door" or conflict of interest laws?								
Former Federal									
Government or	If yes, please provide details								
Military									
Employees									
Please list 3 personal references.									
Name Phone N				Number	lumber How long has this person known you?				

I acknowledge and agree to the following:

- I understand that a pre-placement physical examination, which includes a drug test, is required as a part of the employment process and agree to submit to the same as a condition of employment with ComDel/CDI Services, Inc. I understand that if I receive an offer of employment from ComDel/CDI Services, that offer will be conditioned on receipt by ComDel/CDI Services, Inc. of acceptable results from a pre-employment drug test.
- 2. Any omission or misrepresentation made by me in this application may be justification for refusal of employment or, if employed, termination of my employment.
- 3. I understand that if I am hired, I will be required to sign a Confidentiality Agreement as a condition to my employment.
- 4. I consent to and authorize third parties to provide ComDel/CDI Services, Inc. with any information that ComDel/CDI Services, Inc. requires to render an employment decision. I release all third parties from liability on account of such disclosure.

Signature

ComDel/CDI Services, Inc. affirms the right of every person to participate in all aspects of employment without regard to race, color, religion, gender, national origin, age, veteran status, marital status, sexual orientation and disability. ComDel/CDI Services, Inc. will provide appropriate opportunity to all persons without regard to mental or physical disability.

We appreciate your interest in ComDel/CDI Services, Inc.!

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Date

ComDel/CDI Services - 2100 15th Street North, Wahpeton, ND 58075 - 701.671.6060

Background Investigation Authorization

The Fair Credit Reporting Act (1971) requires that we inform you that a background investigation may be conducted as part of our employment screening and selection process. This may include an inquiry to obtain information regarding your character, general reputation, personal characteristics and mode of living. The main objective of the investigation is to verify the information you provided on your application or during the interview process. Upon your written request within a reasonable period, additional information as to the nature and scope of the report, if one is made, will be provided. In addition, if a report is made, you have the right to request details of the report from the consumer reporting agency.

The items of information requested below are needed to process your background investigation. They are intended solely for that purpose.

Social Security Number	Driver's License Number	State				
Other Names Used (Including maiden name if applicable - must provide first and last name)						

Home Address for the past 7 years (FILL IN COMPLETELY)

Street Address	City	State	Zip Code	County	From Mo/Yr.	To Mo/Yr.
Have you ever been convict	ed of a Felony or Misder	meanor?	1			

If yes, please explain:

What State?	What County

I authorize ComDel/CDI Services, Inc. and/or their background investigations vendor to investigate my background as it pertains to employment considerations. This may include investigations of employment history and performance, personal/professional references, educational history, licenses and information contained in public records including credit, criminal, motor vehicle data and worker's compensation. I release all persons, companies or corporations furnishing such information from liability and responsibility. A photo copy of this document may be substituted for the original.

Name of Applicant	
Signature of Potential Employee	Date
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