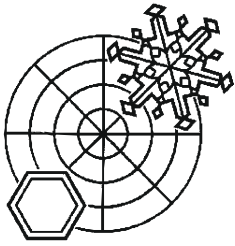


# APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

**WEATHER**

**MODIFICATION**

**INC.**

Referral Source:

Advertisement     Friend     Relative     Walk-in

Employment Agency     Other \_\_\_\_\_

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Address: \_\_\_\_\_

NUMBER

STREET

CITY

STATE

ZIP CODE

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you are under 18, can you furnish a work permit?     Yes     No

Have you filed an application here before?     Yes     No    If Yes, give date: \_\_\_\_\_

Have you ever been employed here before?     Yes     No    If Yes, give date: \_\_\_\_\_

Are you employed now?     Yes     No    May we contact your present employer?     Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?     Yes     No  
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full Time     Part-time     Shift Work     Temporary

Are you on a lay-off and subject to recall?     Yes     No    Can you travel if job requires it?     Yes     No

Have you been convicted of a felony within the last 7 years?     Yes     No  
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain: \_\_\_\_\_

Weather Modification, Inc., 3802 20<sup>th</sup> St. No., Fargo, ND 58102 USA  
701-235-5500 \* 701-235-9717 fax \* www.weathermod.com

Are you a Veteran of the U.S. Military Service?  Yes  No If Yes, Branch: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

---

---

---

Give name, address and telephone number of three references that are previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include Military service assignments and volunteer activities. You may exclude organization names which indicate race, color, gender, national origin, handicap or other protected status.

<b>1.</b>	<b>EMPLOYER</b>	<b>DATES EMPLOYED</b>		<b>WORK PERFORMED</b>
		From	To	
	<b>ADDRESS</b>			
		Hourly Rate		
		Starting	Final	
	<b>TELEPHONE</b>			
	(    )			
	<b>JOB TITLE</b>	<b>SUPERVISOR</b>		<b>REASON FOR LEAVING</b>

<b>2.</b>	<b>EMPLOYER</b>	<b>DATES EMPLOYED</b>		<b>WORK PERFORMED</b>
		From	To	
	<b>ADDRESS</b>			
		Hourly Rate		
		Starting	Final	
	<b>TELEPHONE</b>			
	(    )			
	<b>JOB TITLE</b>	<b>SUPERVISOR</b>		<b>REASON FOR LEAVING</b>

<b>3.</b>	<b>EMPLOYER</b>	<b>DATES EMPLOYED</b>		<b>WORK PERFORMED</b>
		From	To	
	<b>ADDRESS</b>			
		Hourly Rate		
		Starting	Final	
	<b>TELEPHONE</b>			
	(    )			
	<b>JOB TITLE</b>	<b>SUPERVISOR</b>		<b>REASON FOR LEAVING</b>

<b>4.</b>	<b>EMPLOYER</b>	<b>DATES EMPLOYED</b>		<b>WORK PERFORMED</b>
		From	To	
	<b>ADDRESS</b>			
		Hourly Rate		
		Starting	Final	
	<b>TELEPHONE</b>			
	(    )			
	<b>JOB TITLE</b>	<b>SUPERVISOR</b>		<b>REASON FOR LEAVING</b>

If you need additional space, please continue on a separate sheet of paper.

**Special Skills and Qualifications:**

Summarize special skills and qualifications acquired from employment or other experience:

---



---

# EDUCATION

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities:				

Honors Received: State any additional information you feel may be helpful to us in considering your application.

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. **By submitting this application I hereby agree to a complete background check of my personal and professional history.**

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that I may be subject to pre-application and random drug testing after employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Interviewer Date

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/

Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_

## **Voluntary Survey**

Government agencies at times require reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.** This form will not be kept with your application and will not be used to make any hiring decisions.

Position Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Check One:**

Male

Female

**Check One:**

Married

Single

**Check one of the following Race/Ethnic Group:**

White

Black

Native Hawaiian or other Pacific Islander

Asian

American Indian/Alaskan Native

Hispanic or Latino

Multi- Racial (more than 2)

**Check any that apply:**

Vietnam Era Veteran

Disabled Veteran

Handicapped Individual

**EQUAL OPPORTUNITY EMPLOYER**