



NORTH STAR COOP

P.O. Box 689
Cavalier, ND 58220

Phone 701.265.3373 | www.northstarcoop.com | Fax 701.265.3375

| | | | | | | | |
|--|--|--------------------------------|------|------|------|-------|------|
| Position Applying For: _____ | | Date Available to Start: _____ | | | | | |
| PERSONAL CONTACT INFORMATION | | | | | | | |
| Last Name | | First Name | | | | | |
| | | M.I. | | | | | |
| Address | | | | | | | |
| City | | State | | | | | |
| | | Zip | | | | | |
| Home Phone | | Cell Phone | | | | | |
| | | E-Mail | | | | | |
| AVAILABILITY INFORMATION | | | | | | | |
| Type of Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time | | Days & Hours Available to Work | | | | | |
| | | Sun. | Mon. | Tue. | Wed. | Thur. | Fri. |
| | | | | | | | |
| ACCOMMODATIONS | | | | | | | |
| Can you perform the essential functions of this job with or without a reasonable accommodation? <input type="checkbox"/> Yes, I can perform the essential functions of this job without a reasonable accommodation. <input type="checkbox"/> Yes, I can perform the essential functions of this job with a reasonable accommodation. | | | | | | | |
| If you answered "Yes, I can perform the essential function of this job with a reasonable accommodation" to the a above question, please explain accommodation that may be required: _____ _____ _____ | | | | | | | |
| If you answered "Yes, I can perform the essential function of this job with a reasonable accommodation" to the a above question, and if a job offer has been presented, you may be asked to present medical documentation verifying the need for a reasonable accommodation. | | | | | | | |
| EDUCATIONAL BACKGROUND INFORMATION | | | | | | | |
| Highest Grade Completed | | | | | | | |
| School Attended | | Course of Study | | | | | |
| | | Degree | | | | | |
| | | | | | | | |
| | | | | | | | |
| OCCUPATIONAL LICENSE/CERTIFICATES | | | | | | | |
| Type of Certificate | | Organization | | | | | |
| | | Date of Completion | | | | | |
| | | | | | | | |
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