



## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

#### SECTION 1: GENERAL INFORMATION

<b>Last Name:</b>		<b>First Name:</b>		<b>Initial:</b>
<input type="text"/>		<input type="text"/>		<input type="text"/>
<b>Address:</b>			<b>E-mail:</b>	
<input type="text"/>			<input type="text"/>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Phone:</b>	<b>Alternative Phone:</b>	<b>Date Available:</b>		
( <input type="text"/> ) <input type="text"/> - <input type="text"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	<input type="text"/>		
<b>POSITION(S) APPLYING FOR:</b>				
<input type="text"/>				
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain. <small>(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)</small>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No

#### SECTION 2: VETERAN'S PREFERENCE

Veteran's Eligibility: You must be a North Dakota resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released under other than dishonorable conditions. See North Dakota Century code 37-19.1.

Do you claim preference as a:

Veteran	<input type="checkbox"/> No	<input type="checkbox"/> Yes -	Attached DD-214, Report of Separation
Disabled Veteran	<input type="checkbox"/> No	<input type="checkbox"/> Yes -	Attached DD-214 & letter less than 1 yr. old from veteran's administration indicating disability.
Spouse of Disabled Veteran	<input type="checkbox"/> No	<input type="checkbox"/> Yes -	Attach copy of marriage certificate, DD-214 & letter less than 1 yr. old from veteran's administration indicating disability.
Spouse of Deceased Veteran	<input type="checkbox"/> No	<input type="checkbox"/> Yes -	Attach copy of marriage certificate, DD-214 & veteran's death certificate

#### SECTION 3: EDUCATION AND/OR TRAINING

Did you graduate from high school or receive a GED Certificate?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
COLLEGE NAME & CITY/STATE	Number of Credits		Field		Did you graduate?	Diploma or Degree Earned	
	Qtr.	Sem.	Major	Minor			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	

#### SECTION 4: PROFESSIONAL SKILLS / LICENSES

License/Certification	State	Profession	License/Certification #	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CLERICAL SKILLS:**  Typing (speed/accuracy) \_\_\_ / \_\_\_  Data Entry (speed/accuracy) \_\_\_ / \_\_\_  Ten Key

**COMPUTER SKILLS (computer programs that can be operated proficiently):**

**EQUIPMENT SKILLS (vehicles, equipment or machines and the types of operations that can be operated proficiently):**

**SECTION 5: EMPLOYMENT EXPERIENCE**

Begin with your present or most recent job and list your last five (5) years of work history with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. If the block provided below is not an adequate amount of space, you may respond to this section on a separate sheet of paper if all questions are answered and the same format is followed. **This information must be completed even if a resume is submitted.**

**Notice to applicant:** Information that you provide on this application is subject to verification. Previous employers may be contacted as  Yes  No references. **May we contact your present employer?**

Employer:	Type of Business:	
Address:	City/State/ZIP:	
Dates: ( / / ) To ( / / )	Highest Salary:	Hours/week:
Phone Number: ( ) -	Immediate Supervisor:	
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):		
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Reason for Leaving:		
<hr/>		

Employer:	Type of Business:	
Address:	City/State/ZIP:	
Dates: ( / / ) To ( / / )	Highest Salary:	Hours/week:
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Phone Number: ( ) -	Immediate Supervisor:	
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):		
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Reason for Leaving:		
<hr/>		

**SECTION 6: REFERENCES**

List three people not related to you, who we may contact.

Name	Address	Phone Number	Relationship	Years Acquainted
		(       ) -		
		(       ) -		
		(       )		

I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize McKenzie County to verify their accuracy and to obtain reference information on my work performance. I hereby release McKenzie County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. **I also understand that if I am selected for hire, I must successfully pass pre-employment checks prior to beginning employment.**

I understand, if employed, falsified statements of any kind or omissions of facts on this application shall be considered sufficient basis for dismissal.

I understand should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the McKenzie County. However, I further understand that neither the policies, rules, or regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or McKenzie County may terminate my employment at any time with or without notice or cause.

**By typing my name below, I am signing this application form electronically. I agree my electronic signature is the legal equivalent of my handwritten signature.**

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

\_\_\_\_\_  
Date