



APPLICATION for EMPLOYMENT

An Equal Opportunity Employer

- 1) Complete this application by typing or printing legibly in ink. Provide detail - do not use "see resume". Check for errors before submitting. All parts of the application **must be completed**. An UNSIGNED application will **not** be considered.
- 2) If accomodation or assistance is needed in completing this application, contact Human Resources.

SECTION 1: GENERAL INFORMATION

| | | |
|---|---|--|
| Last Name: <input type="text"/> | First Name: <input type="text"/> | Initial: <input type="text"/> |
| Address: <input type="text"/> | | E-mail: <input type="text"/> |
| City: <input type="text"/> | State: <input type="text"/> | Zip Code: <input type="text"/> |
| Phone: (<input type="text"/>) <input type="text"/> - <input type="text"/> | Message Phone: (<input type="text"/>) <input type="text"/> - <input type="text"/> | Date Available: <input type="text"/> |
| POSITION(S) APPLYING FOR: <input type="text"/> | | |
| Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.) | | |
| Can you provide proof, if hired, that you are eligible to work 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Diploma or Degree Earned |
| | Qtr. | Sem. | Major | Minor | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

NOTICE: If the position requires a degree an official transcript of the degree is required with this application.

SECTION 4: PROFESSIONAL SKILLS / LICENSES

SECTION 6: GENERAL INFORMATION

Please include any additional information you want to be considered by the hiring committee for the position you are applying:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other County practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the County, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the County Commissioners. Both the undersigned and the County may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the County may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. **I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice.** I authorize the investigation of all matters contained in this application and hereby give the County permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the County from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, mode of living and criminal background. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I further understand that my employment with the County is at-will, and that at any time during employment my employment relationship with the County is terminable for any reason by either party. **I also understand that if I am selected for hire, I must successfully pass pre-employment checks prior to beginning employment which may include drug and alcohol screening, and motor vehicle record verification.**

I attest that all information and statements I have provided in this application are true and complete.

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