



## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

#### SECTION 1: GENERAL INFORMATION

<b>Last Name:</b>		<b>First Name:</b>		<b>Initial:</b>
<input style="width:90%;" type="text"/>		<input style="width:90%;" type="text"/>		<input style="width:50%;" type="text"/>
<b>Address:</b>			<b>E-mail:</b>	
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>		
<input style="width:90%;" type="text"/>	<input style="width:30%;" type="text"/>	<input style="width:90%;" type="text"/>		
<b>Phone:</b>	<b>Alternative Phone:</b>	<b>Date Available:</b>		
( <input style="width:20%;" type="text"/> ) <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/>	( <input style="width:20%;" type="text"/> ) <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/>	<input style="width:90%;" type="text"/>		
<b>POSITION(S) APPLYING FOR:</b>				
<input style="width:95%;" type="text"/>				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or Degree Earned
	Qtr.	Sem.	Major	Minor		
<input style="width:95%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width:90%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width:90%;" type="text"/>

#### SECTION 4: PROFESSIONAL SKILLS / LICENSES

License/Certification	State	Profession	License/Certification #	Expiration Date
<input style="width:95%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" 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.**

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

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):			
_____			
_____			
_____			
Reason for Leaving:			
_____			

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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:			
_____			

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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:			
_____			

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):			
_____			
_____			
_____			
Reason for Leaving:			
_____			

**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



# DISCLOSURE AUTHORIZATION AND CONSENT FORM

## PLEASE READ CAREFULLY

We truly welcome your application with **McKenzie County**. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

## DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a social security number trace, motor vehicle verification, education, previous employment, credit and a criminal background verification. In addition, investigative consumer reports gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained for the purpose of this employment application. By the signature below, the Applicant acknowledges that **AccuSource, Inc.** has made this disclosure.

## APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **McKenzie County** may now, or any time while I am employed/training, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment/training eligibility under **McKenzie County** employment/training policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/training, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize **AccuSource, Inc.** at 1240 E. Ontario Avenue, Suite 102-140, Corona, California 92881, 951-734-8882, customerservice@accusource-online.com, www.accusource-online.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **McKenzie County**. **Contact AccuSource, Inc., if you want to receive a copy of our Information Security Policy.**

## I have read and understand this disclosure, and I authorize the background verification.

I authorize persons, schools, current and former employers, and other organizations and Agencies to provide **AccuSource, Inc.** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/training was denied based on information obtained by my prospective employer/training program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

## CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name First Name Middle Name

List Other Names Used Date of Birth (For Identification only) Social Security Number

Drivers License Number State Drivers License Issued Last Name on Drivers License

Current Address City/State/Zip Dates

Previous Address City/State/Zip Dates

Previous Address City/State/Zip Dates

Applicant's Signature

Today's Date

← **RELEASE MUST BE SIGNED**

- Please provide me with a copy of my credit report (California, Oklahoma, Minnesota residents only)
- Please provide me with a copy of my investigative consumer report (California, New Jersey and New York residents only)