

APPLICATION FOR EMPLOYMENT

(June 2012)

- Check for errors & signatures before submitting
- Print or type
- If accommodation or assistance is needed in completing this application please contact the Golden Valley County Auditor at 701.872.4331

Position applying for:

General Information

Name (Last, First, Middle Initial)		Email Address	
Mailing Address		City	State
			Zip Code
Local Address (if different than above)		City	State
			Zip Code
Work Telephone	Home Telephone	Cellular/Other Telephone	Primary telephone number for calls related to this job opening <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cellular/Other
Can you provide proof, if hired, that you are eligible to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain _____ (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about this opening?			

Veteran's Preference

Veteran Eligibility: You must be a ND 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 NDCC 37-19.1.

Do you claim preference as a:

Veteran? No Yes - *Must* attach DD-214, Report of Separation)

Disabled Veteran? No Yes - *Must* attach DD-214 & letter less than 1 yr. old from V.A. indicating disability

Spouse of a Disabled Veteran? No Yes - *Must* attach DD-214 & letter less than 1 yr. old from V.A. indicating disability

Spouse of Deceased Veteran? No Yes - *Must* attach DD-214 & letter less than 1 yr. old from V.A. indicating disability

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	No. 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	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Related volunteer experience or education/training

License or Certification (include drivers license information)

License/Certification	State	Profession	License/Certification #	Expiration Date

Employment History: (Provide detail; do not use "see resume.")

- Start with your current or last job – include military service and self-employment.
- Any change of position with the same employer should be considered a separate position.
- Complete pages 3 and 4 if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
1.	Employer	Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Hourly or Monthly Salary		Reason for Leaving	
2.	Employer	Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Hourly or Monthly Salary		Reason for Leaving	
3.	Employer	Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Hourly or Monthly Salary		Reason for Leaving	

Go on to page 3 if you have additional employment history.

<p>I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.</p>	
<p>_____</p> <p>Applicant's Signature</p>	<p>_____</p> <p>Date</p>

All information provided is subject to the North Dakota Open Records Law

Equal Opportunity Employer

Golden Valley County does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and complies with the provisions of the North Dakota Human Rights Act.

Name:

Additional Employment History:

4.	Employer	Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Hourly or Monthly Salary		Reason for Leaving	

5.	Employer	Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Hourly or Monthly Salary		Reason for Leaving	

6.	Employer	Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Hourly or Monthly Salary		Reason for Leaving	

References:

Please give name, address and telephone number of three references who are not related to you and are not previous employers.

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____