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|  | PO Box 122  Forman, ND 58032  Phone 701-724-3673  Fax 701-724-3111  city@formannd.com |
| **Application for Employment**  **An Equal Opportunity Employer** | |

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| ***Please complete by printing in ink. Application must be signed for employment consideration.*** *A resume or additional information may be attached to this application at the back.* | | | | | | | | | | |
| **Personal Information**: | | | | | | | | | | |
| Name: | | | | | | | | | | |
|  | Last | | First | | | | Middle | | Other Names Used | |
| Address: | | | | | | | | | | |
|  | Street | | | | City | | | State | | Zip |
| Telephone: | ( ) | | | ( ) ( ) | | | | | | |
|  | Home | | | Cell Message | | | | | | |
| Email Address: | | | | | | | | | | |
| **Position Applying For**: | | | | | | | | | | |
| Job Title: | | | | | | | | | | |
| Are you applying for:  ⃞ F/T ⃞ P/T ⃞ Temp/Seasonal | | What shifts will you work?  ⃞ Days ⃞ Nights | | | | May We Contact Present Employer?  ⃞ Yes ⃞ No | | | | |
| Available Start Date: | | | | | | | | | | |

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| Are you legally eligible to work in the United States? Yes  No  (Federal Law requires proof of identity and employment authorization for all new employees.) | | |
| Can you travel if the job requires it? Yes  No | Do you have a valid driver’s license? Yes  No  State:\_\_\_\_\_\_ | |
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| **Education/Training** | | | |
|  | **School Name,  City and State** | **Degree/Diploma** | **Major Area of Study** |
| High School |  | Graduated ⃞ Yes ⃞ No  GED ⃞ Yes ⃞ No |  |
| College |  | Degree Completed ⃞ Yes ⃞ No  ⃞ Associate ⃞ Bachelor ⃞ Masters ⃞ Other |  |
| Technical or  Certificate  Programs |  | (indicate type of certificate earned) |  |

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| **Employment History** (Please Start With the Most Recent—Use Additional Paper as Necessary.): | | | | | | | | | | | | | | |
| Employer: | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | |
|  | Street | | | | | | | City | | | | State | | Zip |
|  |  | | | | |  | | | | | | | | |
| Telephone: | ( ) | | | | | Supervisor Name: | | | | | | | | |
|  |  | | | | |  | | | | | | | | |
| Dates From: | |  | | | To: | |  | | | Final Rate of Pay: | | | | |
|  | |  | | |  | |  | | |  | | | | |
| Position Held: | | | | | | | | | | |  | | | |
|  | | |  | | | | | |  | | | |  | |
| Primary Duties: | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | | | | | | |
| **Next Employer**: | | | | | | | | | | | | | | |
| Employer: |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | |
|  | Street | | | | | | | City | | | | State | | Zip |
|  |  | | | | |  | | | | | | | | |
| Telephone: | ( ) | | | | | Supervisor Name: | | | | | | | | |
|  |  | | | | |  | | | | | | | | |
| Dates From: | |  | | | To: | |  | | | Final Rate of Pay: | | | | |
|  | |  | | |  | |  | | |  | | | | |
| Position Held: | | | | | | | | | | |  | | | |
|  | | |  | | | | | |  | | | |  | |
| Primary Duties: | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | | | | | | |
| **Next Employer**: | | | | | | | | | | | | | | |
| Employer: |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | |
|  | Street | | | | | | | City | | | | State | | Zip |
|  |  | | | | |  | | | | | | | | |
| Telephone: | ( ) | | | | | Supervisor Name: | | | | | | | | |
|  |  | | | | |  | | | | | | | | |
| Dates From: | |  | | | To: | |  | | | Final Rate of Pay: | | | | |
|  | |  | | |  | |  | | |  | | | | |
| Position Held: | | | | | | | | | | |  | | | |
|  | | |  | | | | | |  | | | |  | |
| Primary Duties: | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | | | | | | |

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| **Technology Skills (List All Skills & Software Applications You Have Experience Using):** | | | | | | | | | | | | | |
| Word: Yes  No  Excel: Yes  No  Publisher: Yes  No  PowerPoint? Yes  No  Other Software: | | | | | | | | | | | | | |
| Explain Internet Skills, Including Web Design/Maintenance and Social Media: | | | | | | | | | | | | | |
| Professional Licenses or Certificates Held: | | | | | | | | | | | | | |
| **Military** | | | | | | | | | | | | | |
| Are you a veteran or family member who qualifies for and are claiming preference pursuant to ND Century Code  37-19.1 or its successor?  Have you previously claimed such preference? | | | | | | | Yes  No  (**If Yes, fill out Page 5 of Application**  **& attach proper documentation**)  Yes  No | | | | | | |
| **Personal Reference** (Please list the names of three (3) persons not related to you by blood or marriage.) | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
|  | | Last | | First | | | | | | | Middle | | |
| Address: | | | | | | | | | | | | | |
|  | | Street | | | City | | | | State | | | | Zip |
| Telephone: | | ( ) | | | | ( ) | | | | | | | |
|  | | Home | | | | Other | | | | | | | |
| Connection To You (i.e. friend, co-worker): Occupation: | | | | | | | | | | | | | |
| **Personal Reference** | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
|  | Last | | First | | | | | | | Middle | | | |
| Address: | | | | | | | | | | | | | |
|  | Street | | | City | | | | State | | | | Zip | |
| Telephone: | ( ) | | | | ( ) | | | | | | | | |
|  | Home | | | | Other | | | | | | | | |
| Connection To You (i.e. friend, co-worker): Occupation: | | | | | | | | | | | | | |
| **Personal Reference** | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
|  | Last | | First | | | | | | | Middle | | | |
| Address: | | | | | | | | | | | | | |
|  | Street | | | City | | | | State | | | | Zip | |
| Telephone: | ( ) | | | | ( ) | | | | | | | | |
|  | Home | | | | Other | | | | | | | | |
| Connection To You (i.e. friend, co-worker): Occupation: | | | | | | | | | | | | | |

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| Have you ever been charged with a crime (other than a minor traffic infraction)? Yes  No |  |
| If yes, when & where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Are you related by blood or marriage to any person now employed by Employer? Yes  No |  |
| If yes, give name and relationship to you: | |

**CERTIFICATION**

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VETERAN’S PREFERENCE**

IT IS THE POLICY of the City of Forman to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

**If you are NOT claiming Veteran’s Preference, please initial here \_\_\_\_\_ and proceed to the next page.**

Per ND Century Code 37-19.1, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran’s preference, please complete the information below and attach a copy of your DD-214 to this application.

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The term “**active duty**” means full-time duty in the Armed Forces, but NOT active duty for training.

**Part 1. Preference Eligible Veterans:**

⃞ I have a service-connected disability of 10% or more.

⃞ I am the spouse of an eligible disabled veteran, who has a service-connected disability.

⃞ I am the widow or widower of an eligible veteran and have remained unmarried.

⃞ I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

**Part 2. Documentation & Signature:**

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

⃞ I have attached a copy of my DD-214. Veteran’s preference will not be considered without this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print) Signature

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by THE CITY OF FORMAN that such employment with THE CITY OF FORMAN is at will, for no specified duration and may be terminated by either THE CITY OF FORMAN or myself at any time, with or without cause.

I hereby authorize all schools, former employers, references, courts and any others who have information about me to provide such information to THE CITY OF FORMAN and its official representatives, agents or vendors. I release all parties involved from all liability that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period, I submit a new completed application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name, including all names I have previously used or been known by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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