

Application for Employment County of Pembina

301 Dakota Street W, Cavalier, ND 58220

- Follow instructions carefully
- Provide detail - do not use "see resume"
- If accomodation or assistance is needed in completing this application, please see the employing agency
- Check for errors before submitting
- Print or type

Position(s) applying for:

General Information

Name (Last, First, Middle Initial)	Work Telephone Number	Home Telephone Number	Cell Phone Number
Mailing Address	City	State	Zip Code
			Email Address

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain
(Convictions are not an absolute bar to employment, but will be considered in relationship to the job requirements.)

Veteran's Preference

Veteran	No	Yes - Must attach DD-214, Report of Separation.
Disabled Veteran	No	Yes - Must attach DD-214, Report of Separation, & a letter less than one year old from the VA indicating disability.
Spouse of Disabled Veteran	No	Yes - Must attach DD-214, Report of Separation, & a letter less than one year old from the VA indicating disability.
Spouse of Deceased Veteran	No	Yes - Must attach DD-214, Report of Separation, & Veteran's death certificate.

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

Education and/or Training

Did you graduate from High School or receive a GED?	Yes	No
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SCHOOL NAME and LOCATION (college, business, nursing, vocational or other)	No. of Credits		Field of Study		Did you graduate?	Diploma or Degree earned
	Qtr.	Sem.	Major	Minor		
					Yes No	
					Yes No	
					Yes No	

Are you related to a member of the County Commission or a County employee? Yes No
If yes, to whom? _____

If the position you are applying for involves the operation of a motor vehicle, please provide the following information:

- a.) Have you received any moving violations in the last three years? Yes No
If yes, please explain: _____
- b.) Please indicate valid driver's license held: A B C D M
- c.) Do you have a CDL: YES NO d.) Endorsements: H N T P

**Note to applicants: Do not answer this question unless you have been informed of the essential functions of the job for which you are applying.

Are you capable of performing, with or without reasonable accomodation, the essential functions of the job for which you are applying? Yes No

How did you learn about this opening? _____

Salary Desired: _____ Date Available: _____

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

Start with your current or last job - include armed forces service and self-employment; any change of job title under the same employer should be considered a separate position. Please make additional copies if you have additional employment history.

May we contact your current employer for a reference?		Yes	No
Employer	Supervisor's Name	Supervisor's Tel. No.	

Type of Business	Address		
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Your Job Title	Dates employed (indicate months and years) From: To:	Avg. hours worked per week
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Duties:

Monthly Salary	Reason for Leaving
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Employer	Supervisor's Name	Supervisor's Tel. No.
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Type of Business	Address		
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Your Job Title	Dates employed (indicate months and years) From: To:	Avg. hours worked per week
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Duties:

Monthly Salary	Reason for Leaving
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Employer	Supervisor's Name	Supervisor's Tel. No.
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Type of Business	Address		
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Your Job Title	Dates employed (indicate months and years) From: To:	Avg. hours worked per week
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Duties:

Monthly Salary	Reason for Leaving
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I certify that all information contained in this application and my 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. I authorize Pembina County to contact my reference and verify the information that is obtained. 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. I hereby acknowledge that if offered a position with Pembina County, my appointment will include a probationary period of a minimum of six months.

Applicant Signature: _____ Date: _____

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

EQUAL OPPORTUNITY EMPLOYER

The County of Pembina 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:

References: (Please include both personal and business references)

Name	Telephone Number (s)
Knows applicant through:	Address
Length of time reference has known applicant:	

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Knows applicant through:	Address
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PEMBINA COUNTY, NORTH DAKOTA

EQUAL EMPLOYMENT OPPORTUNITY FORM

We invite you to complete the enclosed Equal Employment Opportunity form and return it in a separate envelope from your application.

This information will be forwarded to our Title VI Coordinator and kept completely separate from your application. This information is used for statistical purposes only as part of our ongoing efforts to maintain Title VI compliance.

Submission of this information is completely voluntary and will be kept confidential.

EQUAL EMPLOYMENT OPPORTUNITY

Pembina County (5-2014)

Due to the receipt of federal aid funds, Pembina County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatments. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This form will not be part of your applicant file or included in any documentation provided to the supervising official.

Please Print

Name:

Date:

Position for which you are applying:

Location:

Birthdate:

Gender

Male

Female

Racial/Ethnic Heritage (Check one)

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

How did you learn about the job for which you applied? (List the name of the newspaper, employment agency, organization, agency employee, or other source):

Your Home Address

City

State

Zip Code

We are an Equal Opportunity Employer