

# Application for Employment County of Pembina

301 Dakota Street West #1, Cavalier, ND 58220

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| <ul style="list-style-type: none"> <li>•Follow instructions carefully</li> <li>•Provide detail - do not use "see resume"</li> <li>•If accomodation or assistance is needed in completing this application, please see the employing agency</li> </ul> | <ul style="list-style-type: none"> <li>•Check for errors before submitting</li> <li>•Print or type</li> </ul> |
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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)

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

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