

**RENVILLE COUNTY
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Position Applied For: _____

Date of Application: _____

PLEASE PRINT

Last Name	First Name	Middle Name		
Mailing Address	Physical Address (if different)	City	State	Zip
Telephone Number(s)	Social Security Number			

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, Give Date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work Full Time? ☐ Yes ☐ No

Are you currently on "lay off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Do you have a valid North Dakota Driver's License? ☐ Yes ☐ No

Are you willing to work overtime if required? ☐ Yes ☐ No

Are you willing to be “on call”? ☐ Yes ☐ No

Are you a “Veteran”? ☐ Yes ☐ No

Are you claiming Veteran’s Preference? ☐ Yes ☐ No

If so, please provide a copy of your DD 214 with this application.

Are you a North Dakota Resident? ☐ Yes ☐ No

Are you a United States Citizen? ☐ Yes ☐ No

If yes, please explain _____

EDUCATION

<u>School Name & Location</u>	<u>Years Completed</u>	<u>Diploma/Degree</u>	<u>Course of Study</u>
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Elementary School: _____ 4 5 6 7 8 _____

High School: _____ 1 2 3 4 _____

Undergraduate College/University: _____ 1 2 3 4 _____

Graduate/Professional: _____ 1 2 3 4 _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any honors you have received: _____

State any additional information you feel may be helpful to us in considering your application:

REFERENCES

Give name, address and telephone number of three references who are not related to you.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No

If yes, please describe _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer _____ Dates Employed: From _____ to _____
Address _____
Telephone # _____ Hourly Rate/Salary _____
Job Title _____ Supervisor _____
Work Performed _____

Reason For Leaving _____

2. Employer _____ Dates Employed: From _____ to _____
Address _____
Telephone # _____ Hourly Rate/Salary _____
Job Title _____ Supervisor _____
Work Performed _____

Reason For Leaving _____

3. Employer _____ Dates Employed: From _____ to _____
Address _____
Telephone # _____ Hourly Rate/Salary _____
Job Title _____ Supervisor _____
Work Performed _____

Reason For Leaving _____

4. Employer _____ Dates Employed: From _____ to _____
Address _____
Telephone # _____ Hourly Rate/Salary _____
Job Title _____ Supervisor _____
Work Performed _____
Reason For Leaving _____

Comments (including explanation of any gaps in employment) _____

Special Skills & Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER