



Application For Employment

(PLEASE PRINT OR TYPE)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or physical disability. The City of Grand Forks is an Equal Employment Opportunity Employer.

(Please TYPE or PRINT)

PERSONAL HISTORY

Last Name:		First Name:		Date:	
				Middle Name:	
Street Address:			City, State:		Zip Code:
Phone:		Alternate Phone:			
E-Mail Address (Required):					
Are you at least 18 years old?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Upon employment, can you show verification of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION INFORMATION

Position(s) Applying For:				Salary Desired:			
How were you referred?		<input type="checkbox"/> Newspaper <input type="checkbox"/> Job Service ND		<input type="checkbox"/> Web Site <input type="checkbox"/> Other		Date Available:	
Have you ever been employed by us before?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give dates of employment and department:							
Do you have a valid driver's license? (Required for some City of Grand Forks positions)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your driver's license ever been suspended or revoked? (Answer only if applicable to position applied for.) If yes, provide details (include what, when, where, disposition)						<input type="checkbox"/> Yes <input type="checkbox"/> No	

CONVICTION

Have you ever been convicted of a Class A Misdemeanor and or Felony in the past 10 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO		A conviction does not automatically disqualify you from employment with the City of Grand Forks. The nature of the offense, how long ago it occurred, relationship to this job, etc., are taken into consideration.			
Type of Offense(s)/Date of Conviction				Location of Court			

RECORD OF EDUCATION

School	Name/Address of School	Course of Study	Check Last Year Completed	Did You Graduate?	List Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

EMPLOYER:	CITY:	STATE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION TITLE:	DATES EMPLOYED: From: To:	START/END RATE OF PAY?
WORK PERFORMED: Describe in detail.		
REASON FOR LEAVING: Be Specific.		

EMPLOYER:	CITY:	STATE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION TITLE:	DATES EMPLOYED: From: To:	START/END RATE OF PAY?
WORK PERFORMED: Describe in detail.		
REASON FOR LEAVING: Be Specific.		

EMPLOYER:	CITY:	STATE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION TITLE:	DATES EMPLOYED: From: To:	START/END RATE OF PAY?
WORK PERFORMED: Describe in detail.		
REASON FOR LEAVING: Be Specific.		

**You may attach a resume or any additional employment history, education, or training you feel is relevant or would like us to consider.*

State whether you have ever been terminated or suspended from any previous employment and describe circumstances.

SPECIALIZED SKILLS

WHAT PROFESSIONAL JOB RELATED LICENSES DO YOU HOLD? (Omit those which indicate race, religion, national origin, color, sex, age or disability)

TYPING ABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO WPM? _____	TEN KEY ABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO STROKES? _____
COMPUTER SKILLS? <input type="checkbox"/> YES <input type="checkbox"/> NO	EQUIPMENT OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE SOFTWARE/PROGRAMS USED:	DESCRIBE EQUIPMENT OPERATED:

EMPLOYMENT REFERENCES (PLEASE LIST THOSE PERSONS WORKED FOR/WITH)

Name (First and Last)	Job Title	Phone Number

PRE-EMPLOYMENT STATEMENT (Read carefully before signing)

I understand and voluntarily agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, termination from employment.
2. Any offer of employment I may receive from the City of Grand Forks is contingent upon my successful completion of the City's total pre-employment screening process, including the receiving of references that it considers satisfactory and my satisfactory completion of any post-job offer pre-employment examination the City may require.
3. I understand that as a condition of employment, I may be required to undergo and successfully complete a drug screening.
4. In processing my application for employment, I authorize investigation of all statements contained. I understand that this application is not intended as a contract of employment. I understand that I am required to abide by all rules and regulations of the City of Grand Forks.

Signature of Applicant (REQUIRED)

Date

MILITARY SERVICE RECORD

BRANCH/DUTY LOCATION	MILITARY SPECIALTY	SPECIAL HONORS/TRAINING/SERVICE SCHOOLS	
DATES OF DUTY	FROM:	TO:	RANK AT DISCHARGE:
TYPE OF MILITARY DISCHARGE:			

- **A copy of Form DD214 Member-4, Certificate of Discharge or Separation from Active Duty from an Eligible Campaign or Expedition which qualifies for Veteran's Preference, or other official documents issued by the branch of service are required as verification of eligibility at the time of this prescribed application deadline if you wish to claim Veteran's Preference.**

I am claiming Veteran's Preference:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have attached a copy of my DD214 Member-4 or other official documentation of separation as listed above:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I qualify for Veteran's Preference in employment under the following category:

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the US Department of Veteran's Affairs and the Department of Defense, or honorably discharged veteran who has a service connected compensable disability;
- 2. A spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power;
- 3. A veteran of any war who has served on active duty for one (1) day or more during a wartime period, excluding acting duty for training, and who is discharged under honorable conditions from the Armed Forces of the United States of America.
- 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

- **Veteran's Administration Certification of at least 10% disability is required at the time of application if you wish to claim Disabled Veteran's Preference.**

I am claiming Disabled Veteran's Preference:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have attached certification of at least 10% disability:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

City of Grand Forks

TO ALL APPLICANTS: IMPORTANT

The information requested on this sheet regarding race, sex, age, and handicap status is needed to analyze and assure compliance with State and Federal Equal Employment Opportunity Laws and to meet the reporting requirements of those laws. Your cooperation in **voluntarily** giving this information is important to the success of our Equal Employment Opportunity Programs. This Application Identification Sheet will be detached and kept separate from your application. It is not to be used in hiring or interviewing. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment. This information is sought not for employment decisions, but for record keeping in compliance with Federal Law.

1. SEX: FEMALE _____ MALE _____

2. RACIAL/ETHNIC DATA: Please indicate yourself in terms of the racial/ethnic groups below. FOR DEFINITIONS OF GROUPS, REFER TO BOTTOM OF PAGE.

- _____ Hispanic or Latino
- _____ Asian or Pacific Islander
- _____ American Indian or Alaskan Native
- _____ Black/ African American (Not of Hispanic origin)
- _____ White (Not of Hispanic origin)
- _____ Hawaiian or Other Pacific Islander
- _____ Two or more races
- _____ Decline Specification

“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 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, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native American 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.



Daryl Hovland
Director

City of Grand Forks

Human Resources Department
255 North Fourth Street - P. O. Box 5200 - Grand Forks, ND 58206-5200
An Equal Opportunity Employer

(701) 746-2665
Fax # (701) 787-3767

Authority To Release Information

I, _____, hereby authorize the City of Grand Forks to obtain information from any sources pertaining to:

- ✓ References (Personal, Acquaintance, and Work)
- ✓ Criminal and Traffic History (Department of Motor Vehicle Records)
- ✓ Education Records (if applicable)
- ✓ Military Records (if applicable)
- ✓ Credit History (if applicable and job related)
- ✓ Personal History

I hereby direct and release the City of Grand Forks, and any information provider to the City of Grand Forks, as the custodians of such records, from any and all liability, both individually and collectively, for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance or attempted compliance with this authorization to release the information requested or the release of such information.

SIGNATURE (Required) _____ **DATE:** _____