

# APPLICATION FOR EMPLOYMENT



600 Cooper Ave, Grafton ND 58237

Walsh County is an Equal Opportunity Employer. Information provided below is subject to the North Dakota Open Records Law. Walsh County 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.

Follow instructions carefully. Provide detail; do not use "see resume". Please print, type, or fill in electronically. Check for errors before submitting. If accommodation or assistance is needed in completing this application please contact the department with the vacancy for which you are applying. By signing below you are acknowledging that Walsh County is an agency subject to the open records provisions of the North Dakota Century Code, therefore applicant names are provided upon request.

## APPLICANT INFORMATION

Last Name	First	M.I.	Date		
Mailing Address			Apartment/Unit #		
City	State	ZIP			
Home Phone	E-mail Address				
Cell Phone	Date Available	Desired Salary			
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you related to a County employee or County Commission member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, whom?		
Have you ever been convicted of a crime other than a minor traffic violation?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
<i>*Convictions are not an absolute bar to employment, but will be considered in relationship to the job requirements.</i>					
Please indicate valid driver's license held: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/>			Do you have a CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>		
How did you learn of this job opening:			CDL Endorsements: H <input type="checkbox"/> N <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/>		

## MILITARY SERVICE

Branch	From	To	
Rank at Discharge	Type of Discharge		
If other than honorable, explain			

**\*If claiming Veteran's Preference, Disabled Veteran's Preference, or spouse of a disabled veteran, please check here:**

**\*Veteran Eligibility: 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. Must attach DD-214, Report of Separation and (for disabled veterans) a letter from the VA indicating disability dated within the past 12 months. Spouses of disabled veterans must also include this information and/or (if applicable) the Veteran's death certification. Please refer to NDCC 37-19-1 or your local VA office for details.**

## EDUCATION

High School	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<hr/>					
College	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<hr/>					
Other	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**\*\*IN ORDER TO GIVE A COMPLETE WORK HISTORY PLEASE ATTACH ADDITIONAL COPIES OF THIS PAGE IF NECESSARY**

**CURRENT/PREVIOUS EMPLOYMENT (PLEASE START WITH MOST RECENT EMPLOYMENT)**

Company		Phone	Avg Hrs Worked:
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your current supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	Avg Hrs Worked:
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	

Company		Phone	Avg Hrs Worked:
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge and authorize Walsh County to conduct a complete background check as appropriate for the position for which I am applying. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I hereby authorize any person, company, and/or educational institution I have listed as a reference on my employment application to fully disclose in good faith any information they may have regarding my qualifications for employment. I will not hold any prospective or former employer, educational institutions, and nor any other persons giving references liable for the exchange of this information along with any other reasonable and necessary information that is necessary and inherent to the employment process.

Signature	Date
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# EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Walsh County (8-2017)

Walsh 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 application file or included in the documentation provided to the selecting official.**

**Please Print or Type**

Full Name		Date	
Position Applying for		Birthdate	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	

**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, Japan, 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 this job opening?**

**(List the name of the newspaper, employment agency, organization, agency employee, or other source):**

**Your Home Address**

**City**

**State**

**Zip Code**

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