



EMPLOYMENT APPLICATION

Note to Applicant: Thank you for your interest in employment opportunities with City of Emerado. The City of Emerado is an Equal Employment Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance and complies with the provisions of the North Dakota Human Rights Act. (NDCC 14-02.4)

INSTRUCTIONS

<ul style="list-style-type: none"> Follow Instructions carefully Provide detail – do not use “see resume” If accommodation or assistance is needed in completing this application, contact the employing agency 	<ul style="list-style-type: none"> Check for errors & signatures prior to submitting Print or type
<p>Please save or print. Submit completed form by person, mail, or email. Please include a cover letter and resume with your application. Mail: City of Emerado, ATTN: City Auditor, PO Box 130, Emerado, North Dakota 58228</p>	

Position applying for:	Date:
How did you learn about this opening?	

GENERAL INFORMATION

Name (Last, First, Middle Initial)			
Mailing Address	City	State	Zip Code
Email Address	Telephone Number	Alternative Number	
Have you been previously employed by the City of Emerado?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a member of the City Council or other City Employee?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, to whom? _____			
Can you provide proof, if hired, that you are eligible to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No

VETERAN'S PREFERENCE

<p>Veteran Eligibility: You must be a United States 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 North Dakota Century Code 37-19.1.</p> <p>Do you claim preference as a:</p>	
Veteran	<input type="checkbox"/> No <input type="checkbox"/> Yes – Attach DD-214, Report of Separation.
Disabled Veteran	<input type="checkbox"/> No <input type="checkbox"/> Yes – Attach DD-214 & letter less than 1 year old from veterans' administration indicating disability.
Spouse of Disabled Veteran	<input type="checkbox"/> No <input type="checkbox"/> Yes – Attach copy of marriage certificate, DD-214, & letter less than 1 year old from veterans' administration indicating disability.
Spouse of Deceased Veteran	<input type="checkbox"/> No <input type="checkbox"/> Yes – Attach copy of marriage certificate, DD-214, & veteran's death certificate.

EDUCATION

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SCHOOL NAME AND LOCATION <small>(college, business, nursing, vocational, or other)</small>	Number of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or degree earned
	Quarter	Semester	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAINING/SKILLS

Computer skills, related volunteer experience, and other education/training skills:
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LICENSE OR CERTIFICATION

License/Certification	State	Profession	License/Certification #	Expiration Date

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

Do you have a current driver's license? Yes No

Have you received any moving violations in the last three years? Yes No

If yes, please explain: _____

Please indicate valid driver's license(s) held: A B C D M

EMPLOYMENT/PROFESSIONAL REFERENCES

Name	Job Title	Address	Phone Number

LAW ENFORCEMENT POSITIONS ONLY

Are you willing to work rotating shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any training or experience in the area of law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide training details and dates: _____	
Have you received any medical training (CPR, First Aid, First Responder, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide training details and dates: _____	
LAW ENFORCEMENT OFFICER ONLY: Have you ever pled or been found guilty of a felony, including a felony charge that was later dismissed under a deferred imposition of sentence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY: (Provide detail; do not use “see resume.”)

- Start with your current or last job – include armed forces services and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete page 5 and 6 if you have additional employment history.

May we contact your current employer for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
1	Employer	Telephone Number	Supervisor's Name		
Type of Business		Address			
Your Job Title		Dates Employed (indicate months & years)		Average Hours Per Week:	
		From:	To:		
Duties/Responsibilities:					
Reason for Leaving or Reason for Considering Leaving if Still Employed:					Monthly Salary:

2	Employer	Telephone	Supervisor's Name		
Type of Business		Address			
Your Job Title		Dates Employed (indicate months & years)		Average Hours Per Week:	
		From:	To:		
Duties/Responsibilities:					
Reason for Leaving:					Monthly Salary:

3	Employer	Telephone	Supervisor' Name		
Type of Business		Address			
Your Job Title		Dates Employed (indicate months & years)		Average Hours Per Week:	
		From:	To:		
Duties/Responsibilities:					
Reason for Leaving:					Monthly Salary:

4	Employer	Telephone	Supervisor's Name	
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years)		Average Hours Per Week:
		From:	To:	
Duties/Responsibilities:				
Reason for Leaving:			Monthly Salary:	

5	Employer	Telephone	Supervisor's Name	
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years)		Average Hours Per Week:
		From:	To:	
Duties/Responsibilities:				
Reason for Leaving or Reason for Considering Leaving if Still Employed:			Monthly Salary:	

Please read carefully and Initial:

_____ I acknowledge that, if hired, I may be required to attend training located in other parts of North Dakota for varying lengths of time.

_____ I acknowledge that investigations/inquiries deemed necessary to establish my character, general reputation, and work performance history may be conducted.

_____ I acknowledge that, if requested, I will undergo drug testing.

_____ I acknowledge that, if hired, I may need to pass a health assessment conducted at Altru Rehabilitation. (Position Dependent)

I certify that all information contained in this application and any 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, and I release all persons, companies, and organizations from liability for providing or receiving such information. Any offer of employment I may receive from the City of Emerado is contingent upon successful completion of any pre-employment screening process, which might include background and drug screening. 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.

Applicant Signature _____
Date

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

Name:

ADDITIONAL EMPLOYMENT HISTORY:

6	Employer	Telephone	Supervisor's Name
	Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years)		Average Hours Per Week:
	From:	To:	
Duties/Responsibilities:			
Reason for Leaving or Reason for Considering Leaving if Still Employed:			Monthly Salary:

7	Employer	Telephone	Supervisor's Name
	Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years)		Average Hours Per Week:
	From:	To:	
Duties/Responsibilities:			
Reason for Leaving or Reason for Considering Leaving if Still Employed:			Monthly Salary:

8	Employer	Telephone	Supervisor's Name
	Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years)		Average Hours Per Week:
	From:	To:	
Duties/Responsibilities:			
Reason for Leaving or Reason for Considering Leaving if Still Employed:			Monthly Salary:

Name:

ADDITIONAL EMPLOYMENT HISTORY:

9	Employer	Telephone	Supervisor's Name	
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years)		Average Hours Per Week:
		From:	To:	
Duties/Responsibilities:				
Reason for Leaving or Reason for Considering Leaving if Still Employed:				Monthly Salary:

10	Employer	Telephone	Supervisor's Name	
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years)		Average Hours Per Week:
		From:	To:	
Duties/Responsibilities:				
Reason for Leaving or Reason for Considering Leaving if Still Employed:				Monthly Salary:

11	Employer	Telephone	Supervisor's Name	
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years)		Average Hours Per Week:
		From:	To:	
Duties/Responsibilities:				
Reason for Leaving or Reason for Considering Leaving if Still Employed:				Monthly Salary:



**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR EMPLOYMENT CONSIDERATION**

Hiring authorities may provide a copy of this completed release form to reference and/or criminal background records check sources when checking an applicant's reference or background

To Be Completed by Applicant		
Last Name	First Name	Middle Name
Other Last Name(s) Used <small>(Maiden, Former, AKA, Etc.)</small>	Other First Name(s) Used:	Other Middle Name(s) Used:
Birth Date <small>(Required for criminal background check)</small>	Social Security Number <small>(Required for criminal background check)</small>	
Current Street Address		
City	State	Zip Code

To Be Completed by Hiring Authority		
Agency Name: City of Emerado		
Name of Hiring Authority: City of Emerado	Telephone Number: 701-594-4542	Fax Number:
Address: 201 Main Street, PO BOX 130		
City: Emerado	State: ND	Zip Code: 58228
Type of Background Check to be Conducted (check all that apply):		
<input checked="" type="checkbox"/> Personal and/or Professional References <input checked="" type="checkbox"/> Criminal Background Records Check		

As an applicant for employment with the City of Emerado as identified above, I understand that a criminal background records check may be completed. I hereby waive and release City of Emerado, its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information.

In addition, in order to provide the state agency identified above with information and opinion that may be useful to the agency in its hiring decision, I hereby authorize any person, school, current or former employer, organization, or entity disclosed in my resume, application, or interview process to provide any information regarding me. This information and opinion may include but is not limited to my dates of employment, job title and classification, compensation history, reasons for leaving, job-related knowledge and skills, job performance, attendance record, disciplinary action, and general character. I understand that the information and opinion provided about me may be negative or positive. I unconditionally release each person, school, employer, organization or other entity who provides information or opinion regarding myself from any and all legal liability from damages that may result from furnishing such information and in making such statements. This release supersedes any agreement or contract I may have previously made to the contrary with any such person, school, employer, organization, or other entity. I further release the state of North Dakota, its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the use or disclosure of such information.

A photocopy of this signed release shall have the same force and effect as the original release executed by me below.

Applicant Signature _____ Date

BCI Use Only
SID #
Dept. #
Div. #

Voluntary Self-Identification of Race/Ethnicity and Gender

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY PLEASE ANSWER THE FOLLOWING QUESTION

What is your gender?

Please mark *only one* box.

Male Female

What is your race/ethnicity?

Please mark the *one box* that describes the race/ethnicity category with which you primarily identify.

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

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: 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 Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.