APPLICATION FOR EMPLOYMENT

Bottineau County NORTH DAKOTA

314 5th St West Bottineau, ND 58318

Bottineau County is an Equal Opportunity Employer. Information provided below is subject to the North Dakota Open Records Law. Bottineau 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 Bottineau 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** M.I. Last Name Date First Mailing Address Apartment/Unit # ZIP State City Home Phone E-mail Address Desired Cell Phone Date Available Salary Position Applied for Are you a citizen of the United States? YES NO \square If no, are you authorized to work in the U.S.? YES NO \square Are you related to a County employee or YES NO \square If so, whom? County Commission member? Have you ever been convicted of a crime YES NO \square If yes, explain other than a minor traffic violation?* *Convictions are not an absolute bar to employment, but will be considered in relationship to the job requirements. Do you have a CDL? YES ☐ NO☐ Please indicate valid driver's license held: A 🔲 B 🔲 C 🔲 D 🔲 M 🔲 How did you learn of this job opening: CDL Endorsements: H N T P **MILITARY SERVICE** Branch From To Type of Discharge Rank at Discharge f 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 he 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 Address School From To Did you graduate? YES NO \square Degree College Address From То Did you graduate? YES NO \square Degree Other Address

YES

Did you graduate?

From

Tο

NO \square

Degree

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

| CURRENT/I | PREVIOUS | S EMPLO | YMENT (PLEASE | START WITH | MOST R | ECENT E | MPLOYMEN | NT) | | | |
|---|-----------------------|-------------|--------------------|------------------|------------------|-----------------------------|------------------|-----------------------|--|--|--|
| Company | | | | | | | | Avg Hrs Worked: Hours | | | |
| Address | | | | | | Supervisor | | | | | |
| Job Title | | | | Starting Salary | \$ | | Ending Salary | \$ | | | |
| Responsibilities | | | | | | | | | | | |
| From Star | In Reason for Leaving | | | | | | | | | | |
| May we contact your current supervisor for a reference? YES NO | | | | | | | | | | | |
| Company | | | | | | Phone Avg Hrs Worked: Hours | | | | | |
| Address | | | | | | Supervisor | | | | | |
| Job Title | | | | Starting Salary | \$ Ending Salary | | | \$ | | | |
| Responsibilities | | | | | | | | | | | |
| From | To Reason for Leaving | | | | | | | | | | |
| Company | <u> </u> | | | | Phone | | | Avg Hrs Worked: Hours | | | |
| Address | Address | | | | | | Supervisor | | | | |
| Job Title | | | Starting Salary | \$ Ending Salary | | Ending Salary | \$ | | | | |
| Responsibilities | | | | | | | | | | | |
| From Star | In | End Date | Reason for Leaving |] | | | | | | | |
| REFERENCE | | | | · | | | | | | | |
| Please list thre | ee professioi | nal referen | ces. | | | | | | | | |
| Full Name | | | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | | | Phone | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | | Relation | ship | | | | | |
| Company | | | | | Phone | | | | | | |
| Address | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge and authorize Bottineau 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 | | | | |

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Bottineau County (7/2020)

Please Print or Type

Bottineau 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 the summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This form <u>will not</u> be part of your application file or included in the documentation provided to the selecting official.

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|--------|--|---------|--|-------------------------|---------------|-----------------------|--|--|--|--|--|
| Full I | Name | | | Date | | | | | | | |
| Posit | tion Apply | ing for | | Birthdate | | | | | | | |
| Gend | der Mal | le 🗌 | Female | | | | | | | | |
| Racia | al/Ethr | nic He | eritage (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 o races. | r Moi | re Races (Not Hispanic or Latino) – Al | persons who identify wi | ith more than | one of the above five | | | | | |
| (List | | me o | rn about this job opening? f the newspaper, employment agency | ,, organization, agenc | cy employee, | or other source): | | | | | |
| Jul | | AUUI | | | | | | | | | |
| City | | | | | State | Zip Code | | | | | |
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We are an Equal Opportunity Employer