



# APPLICATION FOR EMPLOYMENT

## MINOT PARK DISTRICT

- Follow instructions carefully
- Provide detail – do not use “see resume”
- If accommodation or assistance is needed in completing this application, contact the employing agency.
- Print or type
- Check for errors & signature before submitting

Position applying for:	Position No.	Requisition No.
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### General Information

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City	State	Zip Code	

Have you ever been a student of the North Dakota University System or an employee of the State of North Dakota?  
 No  Yes If yes, please indicate your student or employee ID number, if known, and your former name(s) if your name changed.

Can you provide proof, if hired, that you are eligible to work in the United States?  Yes  No

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

How did you learn about this opening?

### Veteran's Preference

Do you claim Veteran's Preference?  No  Yes - *Must attach DD-214, Report of Separation*

Do you claim Disabled Veteran's Preference?  No  Yes - *Must attach DD-214, Report of Separation, & a letter less than 1 yr. old from the US Dept. of Veteran Affairs indicating disability.*

**Veteran Eligibility:** You 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. See NDCC 37-19.1.

### Education and/or Training

Did you graduate from high school or receive a GED Certificate?  Yes  No

SCHOOL NAME AND LOCATION <small>(college, business, nursing, vocational, or other)</small>	No. of Credits		Field		Did you graduate?	Diploma or degree earned
	Qtr.	Sem.	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	

Other education/training/skills:

Computer skills (hardware & software):

Related volunteer experience:

### License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

**Employment History:**

- Start with your current or last job -- include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- ATTACH EXTRA SHEETS using the same format 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			
Employer		Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
Employer		Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
Employer		Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

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. 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's Signature \_\_\_\_\_ Date

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

Equal Opportunity Employer

The state of North Dakota 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.



COMBINED DISCLOSURE NOTICE AND AUTHORIZATION  
REGARDING BACKGROUND CONSUMER REPORTS

(Important: Please read carefully before signing.)

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer-reporting agency. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law. The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

PLEASE PRINT LEGIBLY IN BLOCK CAPITAL LETTERS.

Printed Full Name of Applicant: \_\_\_\_\_

Other Names Used & Date Changed: \_\_\_\_\_  
(Including Maiden Name) (Year changed)

Telephone Number/s: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Mon/Year) (Street) (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
(Mon/Year) (Street) (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
(Mon/Year) (Street) (City) (State) (Zip)

Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month, Day, Year)

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Professional License/s: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever been charged with or convicted of a Misdemeanor or Felony crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain in some detail, including what county and state, and in what year:

I hereby authorize Minot Park District and/or Global Safety Network and their agents, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original.

Signature Of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MN/CA/OK Residents Only: Do you wish to receive a copy of your consumer report? Yes \_\_\_ No \_\_\_