

CITY OF SAWYER
APPLICATION FOR EMPLOYMENT

45 MAIN ST N PO BOX 227 * SAWYER * NORTH DAKOTA * 58781
* PHONE (701) 624-5649 * FAX (701) 624-5690

COMPLETE IN FULL

Position Applied For _____ Date _____

Name _____

Address _____

Telephone (Home) _____ (Cell) _____ Email _____

(Please circle appropriate answer)

Are you currently employed? Yes No May we contact your present employer? Yes No

Date available to work: _____ Desired salary: _____

Are you available to work: full time part time shift work temporary

Can you travel if a job requires it? Yes No

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.)

EDUCATIONAL BACKGROUND

Do you have a High School diploma or a GED Certificate? Yes No

College, Business, Vocational or Other Schooling

A) Name & Address of School Attended _____

Course of Study _____ Years Completed _____

Diploma, Degree or Honors received _____ Graduated Yes No

B) Name & Address of School Attended _____

Course of Study _____ Years Completed _____

Diploma, Degree or Honors received _____ Graduated Yes No

C) Name & Address of School Attended _____

Course of Study _____ Years Completed _____

Diploma, Degree or Honors received _____ Graduated Yes No

SPECIALIZED SKILLS AND EXPERIENCE

Describe any specialized training, apprenticeship, skills, licensing or certification that may be related to the position for which you are applying.

Describe any other special job-related skills and qualifications acquired from employment or other experience.

EQUIPMENT OPERATED

Drivers License: Yes No State of issue: _____ Class/Endorsements: _____

Please list any equipment you know how to operate.

MILITARY INFORMATION

Have you served in the Armed Forces of the United States? Yes No

Describe any job-related training received in the United States Military.

Veteran Eligibility: You must be a North Dakota 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 13-19.1.

Do you claim preference as a:

- | | | | |
|------------------------------|----|-----|---|
| - Veteran | No | Yes | Attach DD-214, Report of Separation |
| - Spouse of Deceased Veteran | No | Yes | Attach copy of marriage certificate, DD-214, & veteran's death certificate |
| - Disabled Veteran | No | Yes | Attach DD-214 & letter less than 1 year old from VA indicating disability |
| - Spouse of Disabled Veteran | No | Yes | Attach copy of marriage certificate, DD-214 & letter less than 1 year old from VA indicating disability |

EMPLOYMENT RECORD

(begin with most recent)

1) Name & Address of Employer _____

Dates employed _____ Starting Salary _____ Ending Salary _____

Supervisor _____ Telephone _____

Reason for leaving _____

Describe Responsibilities _____

2) Name & Address of Employer _____

Dates employed _____ Starting Salary _____ Ending Salary _____

Supervisor _____ Telephone _____

Reason for leaving _____

Describe Responsibilities _____

3) Name & Address of Employer _____

Dates employed _____ Starting Salary _____ Ending Salary _____

Supervisor _____ Telephone _____

Reason for leaving _____

Describe Responsibilities _____

PERSONAL REFERENCES

(Individuals who may be familiar with your abilities or work performance)

1) Name _____

Address _____

Occupation & Relationship _____ Telephone _____

2) Name _____

Address _____

Occupation & Relationship _____ Telephone _____

3) Name _____

Address _____

Occupation & Relationship _____ Telephone _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize any person, school, current employer (except as previously noted), and past employer to provide the City with relevant information and opinions that may be useful to the City in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I give permission for a complete check of my driving record including any state where I presently have or have had a driver's license or permit.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is of an "at will" nature, which means that the Employee may resign at any time and the City may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of the City.

I hereby understand and acknowledge that I may be required to complete a drug-screening exam. I consent to the release to the City of any and all medical information, as may be deemed necessary by the City in judging my capability to do the work for which I am applying.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Signature

Date

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

Equal Opportunity Employer

The City of Sawyer 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.

FOR PERSONNEL DEPARTMENT USE ONLY

Notes

Interview: Yes No Interview Date/Time: _____

Hired: Yes No Wage: _____ Starting Date: _____