



CITY OF WILLISTON

APPLICATION FOR EMPLOYMENT

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

- Follow instructions carefully
- Provide detail – do not use “see resume”
- If accommodation or assistance is needed in completing this application please contact Josilyn Bean in the Human Resources Department at (701) 713-3802 or josilynb@ci.williston.nd.us
- Print or type
- Check for errors & signature before submitting

Position applying for:	Are you 18 years of age or over?	Date
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General Information

Name (Last, First, Middle Initial)			Email Address		
Mailing Address		City		State	Zip Code
Work Telephone	Home Telephone	Cellular/Other Telephone	Primary telephone number for calls related to this job opening <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cellular/Other		
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain _____ <small>(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)</small>					
Do you have a valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No License State _____ License Number _____					
How did you learn about this opening?					

Veteran's Preference

Do you claim Veteran's Preference?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must</i> attach DD-214, Report of Separation
Do you claim Disabled Veteran's Preference?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must</i> attach DD-214, Report of Separation, and a letter less than 1 year old from the US Dept. of Veteran Affairs indicating disability
Spouse of Disabled Veteran?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must</i> attach copy of marriage certificate, DD-214, and a letter less than 1 year old from the US Dept. of Veteran Affairs indicating disability
Spouse of Deceased Veteran?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must</i> attach copy of marriage certificate, DD-214, and veteran's death certificate

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	

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.

Date _____

8:00 a.m.-5:00 p.m. Monday-Friday