

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 										
Position applying for:					Are vo	ıı 18 v	years of age or	over?	Date	
T dollari applying for.					7 lie ye	u 10 ;	years or age or	0001.	Date	
General Informatio										
Name (Last, First, Middle I	nitial)						Email Addres	SS		
Mailing Address				City				S	State	Zip Code
Work Telephone	Home Telephone	}	Cellular/Othe	er Telep	hone	Prima		number fo lome	r calls related to	
Can you provide proo	f, if hired, that	you are e	eligible to w	ork in	the U	nited	States?		☐ Yes	☐ No
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.) Do you have a valid Driver's License Yes No License State License Number										
How did you learn ab	out this opening	g?								
Veteran's Preferer	ice									
Do you claim Veteran	's Preference?		☐ No	□ Y	'es - M	lust a	ttach DD-214	I, Report	of Separation	
Do you claim Disabled Veteran's Preference? No Yes - Must 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? No Yes - Must 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? No Yes - Must 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?										
No. of Credits							Did you graduate?		Diploma or	
SCHOOL NAME AND (college, business, nursinother)		Qtr.	Sem.	Ma	ajor		Minor	Did y	ou graduato:	degree earned
								☐ Y	es o	
								□ Y	es	
									es	

Otl	her education/training/skills:								
Co	omputer skills (hardware &	software):							
Re	elated volunteer experienc	e:							
Li	cense or Certification								
	License/Certification	State	Professio	n Li	icense/Certifica	tion # Expiration D	ate		
En	Employment History: (Provide detail; do not use "see resume.")								
 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. 									
Ма	y we contact your current	emplover for a refe	rence? Yes	□No	□ No	t Applicable			
1.	Employer		Telephone No			Supervisor's Name			
	e of Business		Address	Address					
You	ır Job Title		Dates Employ From:	ved (indicate month To		Average Hours Worked Per Week			
Dut	ies:		1			-			
Mor	nthly Salary Re	eason for Leaving or Rea	son for Considering Lea	vina If Still Employ	red				
	,,			gp,					
2.	Employer		Telephone No).	Supervisor's N	Name			
	e of Business		Address						
Voi	ır Job Title		Dates Employ	red (indicate month	s & vears)	Average Hours Work	ad Par		
100	Tour Job Title			To		Week	50 1 01		
Dut	ies:								
Monthly Salary Reason for Leaving or Reason for Considering Leaving If Still Employed									
	Employer		Telephone No).	Supervisor's N	Name			
3.	e of Business		Address						
тур	e or business		Address						
Your Job Title			Dates Employ From:	ed (indicate month To		Average Hours Worke Week	ed Per		
Dut	ies:								
Mor	nthly Salary Re	eason for Leaving							

4.	Employer		Telephone No. Supervisor's Na		me		
Тур	e of Business		Address				
Your Job Title		Dates Employed (indicate months From:	& years) Average Hours Worked Per Week				
Dut	ies:						
Мо	nthly Salary	Reason for Leaving					
5.	Employer		Telephone No.	Supervisor's Na	me		
	e of Business		Address				
. , ,	0 0. <u>2</u> 00000		, taa. 666				
Your Job Title			Dates Employed (indicate months & years) Average Hours Worked Per				
			From: To:		Week		
Dut	ies:						
Мо	nthly Salary	Reason for Leaving					
I ce	ertify that all information	contained in this application ar	nd any attachments is true and	complete to th	e best of my knowledge. I		
und	lerstand that any willful n	misrepresentation, false stateme	nt, or omission by me in the app	olication or inter	view 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.							
Apr	licant's Signature The City of W	filliston must have the applicant's actual signature.					

The City of Williston is an Equal Employment/Affirmative Action Employer.

Applicant's Signature The City of Williston must have the applicant's actual signature.

Location

City Hall 22 E Broadway, 2nd Floor Williston, ND 58801

Mailing Address

PO Box 1306 Williston, ND 58802-1306

Hours

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