APPLICATION FOR EMPLOYMENT City of Williston, North Dakota

- Follow instructions carefully
- Provide detail do not use "see resume"
- Print or type
- Check for errors & signature before submitting

If accommodation or assistance is needed in completing this application, contact the employing agency

Position applying for:					Are you 18 years of age or older? Yes No			
General Information								
Name (Last, First, Middle Initial)		Home Telephone Em		Email Address	nail Address			
Mailing Address		City					State	Zip
Can you provide proof, if hired, that you are eligible to work?								
Have you ever been convicted of a crime other than a minor traffic violation? Yes No (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements)								
Veteran's Preference								
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 37-19.1. Do you claim preference as a:								
Veteran No Yes - Attach DD-214, Report of Separation								
Disabled Veteran	Disabled Veteran No Yes - Attach DD-214 & letter less than 1 yr. old from Veterans Administration indicating disability							
Spouse of Disabled Veteran	se of Disabled Veteran							
Spouse of Deceased Veteran	Spouse of Deceased Veteran No Yes - Attach copy of marriage certificate, DD-214 & veteran's death certificate					D-214 & veteran's		
Education and/or Training								
Did you graduate from high so	chool or	receive a	a GED Cer	tificat	æ?		Yes	□ No
School Name and Location	Number of Credits		Field			Did you gradu-	Diploma or Degree Earned	
(college, vocational or other)	Qtr	Sem	Majoı		M	inor	ate?	Zarnou
Computer skills, related volunteer experience and other education/training/skills:								

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

Employment History: (Provide detail; do not use "see resume.")

- Start with your current or most recent job include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
 Complete pages 4 if you have additional employment history.

Complete pages 4 if you have additional employment history.						
May we contact your curre	nt employer for a refer	☐ Yes	□ No	☐ Not Applicable		
1. Employer		Telephone Number		Supervisor's l	Name	
Type of Business	,	Address				
Your Job Title		Average Hours Worked Per Week	Dates Empl	oyed (indicate months & years)		
			From:		То:	
Duties:						
Monthly Salary Reason	for Leaving or Reason for C	f Still Employ	ved			
2. Employer		Telephone Number		Supervisor's l	Name	
Type of Business			Address			
Your Job Title		Average Hours Worked Per Week	Dates Empl	months & years)		
			From:		To:	
Duties:						
Monthly Salary Reason	for Leaving or Reason for C	Considering Leaving it	f Still Employ	ved		

3.	Employer Telephone I		Telephone Number		Supervisor's Name		
Тур	e of Business			Address			
Your Job Title		Average Hours Worked Per Week	Dates Emplo	oyed (indicate months & years)			
				From:	То:		
Duties:							
Monthly Salary Reason for Leaving or Reason for Considering Leaving if Still Employed							
4.	4. Employer Telephone				Supervisor's Name		
Type of Business				Address			
Your Job Title		Average Hours Worked Per Week	Dates Emplo	oyed (indicate months & years)			
				From:	То:		
Duties:							
Mo	Monthly Salary Reason for Leaving or Reason for Considering Leaving if Still Employed						
Go to page 4 if you have additional employment history.							
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							
The City of Williston is an Equal Employment Opportunity/Affirmative Action Employer.							

5.	Employer		Telephone Number		Supervisor's Name			
Type of Business				Address				
Your Job Title			Average Hours Worked Per Week	Dates Emplo	oyed (indicate months & years)			
Dut	ies:			From:	To:			
	Duties.							
Moi	nthly Salary	Reason for Leaving or Reason for C	Considering Leaving it	f Still Employ	red			
6.	Employer		Telephone Number		Supervisor's Name			
Тур	e of Business			Address				
Your Job Title			Average Hours Worked Per Week	Dates Emplo	oyed (indicate months & years)			
				From:	То:			
Dut	Duties:							
Monthly Salary Reason for Leaving or Reason for Considering Leaving if Still Employed					red			
Employer Telephone Num			Telephone Number	Supervisor's Name				
7.			-		2-4			
Type of Business				Address				
Your Job Title		Average Hours Worked Per Week	Dates Emplo	oyed (indicate months & years)				
Duties:			From:	To:				
Dui	ies.							
Moi	nthly Salary	Reason for Leaving or Reason for C	Considering Leaving it	f Still Employ	red			