



Application for Employment

Position for Which You Are Applying _____

PART I: GENERAL INFORMATION

Name: _____

Address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

Are you eligible to work in the United States? ☐ Yes ☐ No

Do you have a driver's license? ☐ Yes ☐ No Class: _____

Are you related to any other Eddy County employee? ☐ Yes ☐ No Name: _____

PART II: EDUCATION

Did you graduate from high school or have you received your GED? ☐ Yes ☐ No

Please list the following information for your high school and college/ trade school education:

Name of School, City, State	Course of Study	Degree	Date of Graduation
-----------------------------	-----------------	--------	--------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any other certifications/licenses you hold, as well as any skills relevant to this position:

PART III: WORK EXPERIENCE

Please list the following information for your last three jobs held, including your current employment:

POSITION I

Name of Company

Phone Number

Supervisor's Name

Dates of Employment

Reason for Leaving

Briefly Describe Work Performed

May we contact this employer for a reference? ☐ Yes ☐ No, Why Not:

POSITION II

Name of Company

Phone Number

Supervisor's Name

Dates of Employment

Reason for Leaving

Briefly Describe Work Performed

May we contact this employer for a reference? ☐ Yes ☐ No, Why Not:

POSITION III

Name of Company

Phone Number

Supervisor's Name

Dates of Employment

Reason for Leaving

Briefly Describe Work Performed

May we contact this employer for a reference? ☐ Yes ☐ No, Why Not:

PART IV: VETERAN'S PREFERENCE (NDCC 37-19.1)

Veterans are entitled to preference, over all other applicants, in recruitment and selection processes by governmental agencies, provided that such veteran is a United States citizen at the time of application for employment. Veterans qualified for preference may not be disqualified from holding any position with an agency because of physical or mental disability, unless the disability renders them unable to properly perform the duties of the position applied for. To receive veterans' preference, an applicant must submit the following documentation:

- a. An applicant claiming **veterans' preference** shall provide a copy of report of separation DD-214 or certification from the applicant's unit command that the individual is expected to be discharged or released from active duty in the uniformed services under other than dishonorable conditions not later than one hundred twenty days after the date of the submission of the certification.
- b. An applicant claiming **disabled veterans' preference** shall provide a copy of report of separation DD-214 and a letter less than one year old from the veterans' administration indicating the veteran's disability status.
- c. An applicant claiming **veterans' preference as an eligible spouse of a deceased veteran** shall provide a copy of the marriage certificate, the veteran's report of separation DD-214, and the veteran's death certificate.
- d. An applicant claiming **disabled veterans' preference as an eligible spouse of a disabled veteran** shall provide a copy of the marriage certificate, the veteran's report of separation DD-214, and a letter less than one year old from the veterans' administration indicating the veteran's disability status.

Under which category are you claiming preference?

- | | |
|---|--|
| <input type="checkbox"/> Veteran's Preference | <input type="checkbox"/> Disabled Veteran's Preference |
| <input type="checkbox"/> Spouse of Deceased Veteran | <input type="checkbox"/> Spouse of Disabled Veteran |

PART V: REFERENCES

Please list the names and contact information for three work-related references we may contact about your qualifications, skills, and abilities to perform in the position you are applying for:

1. Name of Reference	Phone Number
_____	_____
Source of Knowledge/ Relationship	

2. Name of Reference	Phone Number
_____	_____
Source of Knowledge/ Relationship	

3. Name of Reference	Phone Number
_____	_____
Source of Knowledge/ Relationship	

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be removed from the job after employment. I understand that under State and Federal laws, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical or mental disability or status with respect to marriage or public assistance. I further understand that this employment application and other employment related documents I may have been furnished are not contract of employment; also, that any oral or written statements to the contrary are hereby expressly disavowed. Eddy County has my authorization to thoroughly investigate my work and personal history in this investigation which is job related. I certify that I will hold no person, corporation, or organization liable for giving or receiving information in this investigation. The application will remain active for 30 days from date signed. Eddy County shall retain this application for a period of three years from the date signed. If I have not heard from Eddy County and would like to be considered for employment once my application expires, I must fill out a new application, if three years have elapsed, or re-activate my prior application if three years have elapsed. If I become employed with Eddy County, employment can be terminated with or without cause and with or without notice at the option of either the employee or Eddy County.

I understand this application and all personnel records, except personal health and medical records, are subject to the North Dakota Open Records law.

Dated: _____

Signature

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Eddy County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatments. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This form will not be kept as part of your application file or included in the documentation provided to the hiring committee.

Date: _____

Name: _____

Address: _____

Position Applying For: _____

Birthdate: _____ Gender: ☐ Male ☐ Female

Racial/ Ethnic Heritage (Check One)

- ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Native American or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- ☐ **I do not wish to disclose.**

How did you learn about this job opening? (Please list the name of the newspaper, employment agency, organization, employee, or other source)
