



515 2nd Ave SW, Minot, North Dakota 58701

*The City of Minot is an Equal Employment Opportunity Employer.
Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or physical disability, or any other legally protected status.*

APPLICATION FOR EMPLOYMENT

(Please Type or Print)

Position(s) Applied For: _____ **Date of Application:** _____/_____/_____

 Last Name First Name Middle Name

 Address City State Zip

Telephone Number(s): _____ **Email Address** _____
 (_____) _____ or (_____) _____

If under 18 years of age, can you provide required proof of your eligibility to work? . . ____ Yes ____ No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. ____ Yes ____ No

Do any of your friends or relatives work here?..... ____ Yes ____ No

Do you have a valid Driver License?..... ____ Yes ____ No ____ CDL

Date available to work: _____ What is your desired salary? _____

Are you available to work: ____ Full Time ____ Part Time ____ Temporary ____ Seasonal

EDUCATION AND TRAINING

	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
College				
Graduate Professional				
Other(Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.	
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EMPLOYMENT EXPERIENCE

List below all present and past employment, beginning with your most recent.

Employer _____ Telephone Number (s) _____ Job Title _____ Supervisor _____ Employed from: _____ to _____ Reason for Leaving _____	Work Performed: _____ _____ _____ _____ Hourly Rate Salary: Beginning: _____ Ending: _____
Employer 2 _____ Telephone Number (s) _____ Job Title _____ Supervisor _____ Employed from: _____ to _____ Reason for Leaving _____	Work Performed: _____ _____ _____ _____ Hourly Rate Salary: Beginning: _____ Ending: _____
Employer 3 _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Employed from: _____ to _____ Reason for Leaving _____	Work Performed: _____ _____ _____ _____ Hourly Rate Salary: Beginning: _____ Ending: _____
Employer 4 _____ Telephone Number (s) _____ Job Title _____ Supervisor _____ Employed from: _____ to _____ Reason for Leaving _____	Work Performed: _____ _____ _____ _____ Hourly Rate Salary: Beginning: _____ Ending: _____

May we contact these employers regarding your qualifications Yes _____ No _____

Please explain any gaps in job history below:

ADDITIONAL INFORMATION

Military Information

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

Are you claiming Veteran's Preference under North Dakota Statue? _____ Yes _____ No
(You must submit a DD214 verifying each claim) Are you claiming status of a disabled veteran? _____ Yes _____ No
(A copy of your letter from the VA claiming disability must be attached to this application.)

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

Other Qualifications

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

Specialized Skills (Check Skills/Equipment Operated)

_____ PC/MAC		
_____ Word Processing (WPM _____)		
_____ Spreadsheet Software	Machinery	Other Technology or Software
_____ E-mail Software	_____	_____
_____ Copier/Scanner	_____	_____
_____ Phone System	_____	_____
_____ Fax Machine	_____	_____
_____ 10 Key	_____	_____

Based on the provided job description, are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

_____ Yes _____ No

Supply any additional information you feel may be helpful to us in considering your application.

REFERENCES

1.	_____	_____
	Name	Phone Number
	_____	_____
	Address	State Zip Code
2.	_____	_____
	Name	Phone Number
	_____	_____
	Address	State
3.	_____	_____
	Name	Phone Number
	_____	_____
	Address	State Zip Code

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

I understand this application for employment shall be considered active for a period of one year. Should I wish to be considered for employment beyond this time period I will inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Minot is of an "at will" nature, which means that the Employee may resign at any time and the City of Minot 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 by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Minot.

In compliance with FTA regulation 49 CFR part 40 and 655, all FTA employees will be subject to a pre-employment drug test.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I will also be required to abide by all rules and regulations of the City of Minot.

Signature of Applicant

Date