RICHLAND COUNTY JOB APPLICATION

418 2ND AVE N WAHPETON, ND 58075

Rev.04/01/2021

* Follow instructions carefully	* Provide de	tail - do n	ot use "se	e resume"		* Check for erro	ors before submitting
* Print or type	* If accommo	odation o	r assistand	e is neede	d in comp	leting this applic	ation, contact the employing agency.
GENERAL INFORMATION(PI	ease print or	type):					
Name (Last, First, Middle Initial)	•				Home Tele	ephone No.	
					Work Tele	phone No.	
Mailing Address	City			State	Zip Code	E-mail address	
						Cell Phone No.	
Are you either a U.S. citizen or an a	ien authorized	to work in	the U.S.A.	?	Yes	No	
Can you provide proof, if hired, that	you are eligible	to work ir	the U.S.	۹.?	Yes	No	
How did you learn about this openin	g?						
POSITION(S) APPLYING FOR:		TYPE OF	EMPLOYN	MENT YOU	WILL ACC	EPT:	
First Choice:				Check all th	hat apply be	ylow.	
i list choice.				CHECK all ti	PERMAI		TEMPORARY
Second Choice:					FULL T	IME	PART TIME
					SHIFTS	5	
VETERAN'S PREFERENCE (NDC	C 37-19.1)						
Veteran's Preference?	NO	YES	Must Atta	ch Report c	of Separatio	n DD-214	
Disabled Veteran's Preference?	NO	YES	Must attac	h DD-214,	Report of S	eparation & a lette	er less than
			one year	old from Ve	eteran's Adr	ninistration indicat	ting disability.
Spouse of 100% Disable Veteran?	NO	YES			-	tificate, DD-214, & ninistration indicat	
Spouse of Deceased Veteran	NO	YES	-				R veteran's death certificate
VETERAN ELIGIBILITY: You must	he a ND reside	ent and hav	ve served ii	n the active	military for	ces durina a nerio	d of war or received
the armed forces expeditionary or of					-		
under other than dishonorable cond					-		
EDUCATION AND/OR TRAINING:							
Did you graduate from high school of	r receive a GF	D Certifica	ate?	Yes			
School Name & Location			of Credits			Did you	Diploma/
(College, business, nursing, vocation	nal, other)	QTR.	SEM.	MAJOR	MINOR	graduate?	Degree
						Yes	
						No	
						Yes	
						No	
						Yes	
						No	
Other education/training/skills:					I.	140	
Skills: Please list technical skills, cle	orical akilla trad	o skille oto	rolovant t	a this positio	n Include r	alovant computer o	ystems and software packages of which
you have a working knowledge and not						elevani computer s	ystems and software packages of which
		,			. ,		
Current professional license/certi	ficate/registra	tion & an	y Related v	olunteer E	xperience	:	
Description:		#:		Da	ate Issued <u>-</u>		Exp. Date
Description:		#:		D:	ate Issued		Exp. Date

YOUR EMPLOYMENT HISTORY:

- * 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.
- * ATTACH EXTRA SHEETS using the same format if you have additional employment history.

					 _
May we contact your current e	mployer for a refere	ence? Yes	s No	Not applicable	
Employer		Telephone No.	Supervisor	r's Name	
Type of Business	Address	1			
Your Job Title	Dates Emplo	oyed(indicate months& TO:	&years)	Average Hrs Worked Per Week:	
Duties:					
Monthly Salary	Reason for le	eaving			
May we contact this employer	for a reference?	Yes	s No	Not applicable	
Employer		Telephone No.	Supervisor	r's Name	
Type of Business	Address				
Your Job Title	Dates Emplo	oyed(indicate months& TO:	&years)	Average Hrs Worked Per Week:	
Monthly Salary	Reason for le	eaving			
May we contact this employer	for a reference?	Yes	s No	Not applicable	
Employer		Telephone No.	Supervisor		
Type of Business	Address				
Your Job Title	Dates Emplo	yed(indicate months& TO:	&years)	Average Hrs Worked Per Week:	
Duties:					
Monthly Salary	Reason for le	eaving			

REFERENCES:

Please list the names, addresses and phone numbers of three work-related references who have definite knowledge of your qualifications, skills and abilities to perform the position you are applying for.

Name of Reference	Title	
Address	Phone #	_
Name of Reference	Title	_
Address	Phone #	_
Name of Reference	Title	_
Address	Phone #	
true and complete to the best of my knowledge and be misrepresentation or falsification, my application will be understand that under State and Federal laws, I cannot for promotion, for reasons of race, color, religion, nation or status with respect to marriage or public assistance employment related documents I may have been furniments to the contrary are hereby expressly disavower work and personal history in this investigation which is organization liable for giving or receiving information from date signed. Richland County shall retain this all I have not heard from Richland County and would lid I must fill out a new application, if three years have elements.	I misrepresentation or falsification and that the information belief. I am aware that should investigation at any time discoverejected and I may be removed from the job after appoint to the discriminated against in employment, including constitutions of the discriminated against in employment, including constitutional origin, sex, or on the basis of age, physical or mental e. I further understand that this employment application are nished are not contract of employment; also, that any oral of the contract of employment; also, that any oral of the contract of employment, also, that any oral of the contract of employment; also, that any oral of the contract of employment; also, that any oral of the polication to thoroughly invited in this investigation. The application will remain active for application for a period of three years from the date signed, it is to be considered for employment once my application elapsed, or re-activate my prior application if three years have the terminated with or without cause and with	close any such the name of the name of the disability and other or written state estigate my an, or 30 days expires, we elapsed.
Signature of Applicant:	Date:	

EQUAL OPPORTUNITY EMPLOYER: Richland County does not discriminate on the basis of race, color, national origin sex, religion, age, or disability in employment or the provision of services and complies with the provisions of the North Dakota Human Rights Act.

All personnel records, EXCEPT personal health and medical records, are subject to the North Dakota open records laws.

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INFORMATION RELEASE AUTHORIZATION FOR EMPLOYMENT CONSIDERATION

Richland County, State of North Dakota

General Instructions:

Applicant's Signature:

**Hiring authorities may provide a copy of this completed release form to reference and/or criminal background records check sources when checking an applicant's references or background.

A photocopy of this signed release shall have the same force and effect as the original release executed by me below.

I. To Be Completed by the Hiring Author			
	rity		
Agency Name: Richland County, ND	Telephone nun	nber: 701.642.7700	Fax number: 701.642.7701
Address: 418 Second Avenue North			
City: Wahpeton	State: ND	Zip: 580	75
Type of Background Check to be Conduct	ed: (check all that apply):		
Personal and/or Professional	Cred	dit	Criminal Background Records Check
II. To Be Completed by Applicant			
Last Name:	First Name:	Middle Na	ame:
Other Name(s) Use (Maiden, Former, AKA	, Etc.)		
Last Name:	First Name:	1	Middle Name:
Birth Date:(Required for criminal backgrou	nd check)	Social Security Num	ber:
Current Address:			
City:	State:	Zip:	
As an applicant for employment with Richla All background checks will be completed a	• •	J	•
its officers, employees, and agents, both ir result from the furnishing or receiving of su		ities, from any and all legal li	ability for damages that

Date: