APPLICATION FOR EMPLOYMENT

RICHLAND COUNTY, NORTH DAKOTA

* Follow instructions carefully

08.21.03

* If accommodation or assistance is neede	No electi	ronic applications	will be accept	
				or without notice at the option of the employee
GENERAL INFORMATION(Please print or ty	/pe):			
Name (Last, First, Middle Initial)				
Mailing Address	City	State	Zip Code	Home Telephone No.
Are you either a U.S. citizen or an alien author Can you provide proof, if hired, that you are el				
Have you ever been convicted of a crime othe If yes, please explain	r than a minor traffic v	riolation?	es 🗆 No	
(Convictions are not an absolute bar to employ How did you learn about this opening?	yment but will be cons	idered in relationsh	ip to the job red	quirements.)
POSITION(S) APPLYING FOR:	TYPE OF EMPLOYM	IENT YOU WILL A	CCEPT:	
First Choice:	Check all that apply b ☐ PER		EMPORARY	
Second Choice:	□ FULL □ SHIF		PART TIME	
VETERAN ELIGIBILITY: You must be received the armed forces expeditionary have been released under other than di	y or other campaig	n service medal	icating disabilit he active mil during an em	y itary forces during a period of war or
EDUCATION AND/OR TRAINING:	0550 45 4 0			
Did you graduate from high school or receive a School Name & Location	No. of Credits	☐ Yes ☐ Field	Did you	Diploma/
(College, business, nursing, vocational, other)		MAJOR MINO		·
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			☐ Ye:	
			□ Ye:	— i
Other education/training/skills:				
Computer skills (hardware & software):				
Current professional license/certificate/registra	ation:			
Related volunteer experience:				

* Print or type

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YOUR EMPLOYMENT HISTORY:

- $^{\star}\,$ 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 curre	ent employer for a re	eference? U Yes U	No └ Not applicable			
Employer		Telephone No.	Supervisor's Name			
Type of Business	Address					
Your Job Title	Dates Emplo	yed(indicate months&years) TO:	Average Hrs Worked Per Week:			
Duties:	·					
Monthly Salary	Reason for le	eaving				
Employer		Telephone No.	Supervisor's Name			
Type of Business	Address					
Your Job Title	Dates Emplo	yed(indicate months&years) TO:	Average Hrs Worked Per Week:			
Duties:						
Monthly Salary	Reason for le	Reason for leaving				
Employer		Telephone No.	Supervisor's Name			
Type of Business	Address					
Your Job Title	Dates Emplo From:	yed(indicate months&years) TO:	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.
CERTIFICATION AND AGREEMENT: PLEASE READ BEFORE SIGNING:
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 material misrepresentation or falsification, my application can be rejected and/or if hired, my employment can/or will be terminated at the option of the County.
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.
Richland County has my authorization to thoroughly investigate my work and personal history. 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 by applicant. I further understand that Richland County will retain this application for a period of three years from the date signed by applicant. Once the application is submitted to Richland County, it is further understood it is the property of Richland County and subject to North Dakota open records laws.
If I have not heard from Richland County and would like to be considered for employment once my application expires, I must fill out a new application or re-activate my prior application if three years have elapsed. If I become employed with Richlan County, employment can be terminated with or without cause and with or without notice at the option of the employee or County.
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.

Submit completed application to: Richland County Human Resources C/O Richland County Courthouse 418 2 Ave N

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