Application for Employment County of LaMoure 202 4th Ave NE, LaMoure ND 58458

•Follow instructions carefully	•Check for errors before submitting							
•Provide detail - do not use "see resume"		•Print or type						
•If accomodation or assistance i	is needed in	n completing	g this app	olicatio	n, please se	e the employi	ng agency	
Position(s) applying for:								
General Information	n n							
Name (Last, First, Middle Initia	al)	Work Teler	ohone Ni	ımber	Home Tele	ephone Numb	er Cell Pho	ne Number
Name (Last, 1 list, Wildlie lintial)		, were respectively			· priorite i vonice			
Mailing Address		City		State	7:n Codo	Empil Ad	Email Address	
				State	Zip Code	Ellian Ac	idress	
Can you provide proof, if hired	, that you a	are eligible t	o work i	n the U	nited States	s? Y	es	No
Have you ever been convicted	of a crime	other than a	minor tr	affic vi	olation?	Y	es	No
If yes, please explain								
(Convictions are not an absolut	te bar to en	nployment, ł	out will l	be cons	idered in re	elationship to	he job requ	irements.)
Veteran's Preference	e							
Veteran	No	Yes - Mu	st attach	DD-21	4. Report of	of Separation.		
Disabled Veteran	No				-	of Separation,	& a letter le	ess than one
					_	ng disability.		
Spouse of Disabled Veteran	No	-				of Separation,	& a letter le	ess than one
•					_	g disability.		
Spouse of Deceased Veteran	No	Yes - Must	t attach I	DD-214	, Report of	Separation, &	Veteran's d	eath
	certificate	e.						
Veteran Eligibility: You must be a ND resider	nt and have ser	ved in the active r	nilitary forc	es during	a period of war	or received the arm	ed forces expedit	ionary or other
campaign service medal during an emergency	y condition and	must have been r	released und	ler other th	an dishonorable	e conditions See ND	CC 37-19-1	
Education and/or T	rainin	g						
Did you graduate from High Sc	hool or rec	ceive a GED	?		Yes	No		
SCHOOL NAME and	N	No. of	Credits	s Field	l of Study	Did you	Diploma or	
(college, business, nursing, ve	ocational o	or other)	Otr	Sem.	Major	Minor	graduate?	Degree earned
			Qtr.	Sein.	Major	IVIIIIOI	Yes	
							No	
							Yes No	
							Yes No	
Are you related to a memb	per of the	County C	Commis	sion o	r a Count	tv emplove	2?	Yes No
If yes, to whom?	01 01 1110	county c	01111111	,51011 0	i a coan	ey employed	•	105
If the position you are app	lving for	involves 1	the ope	- ration	of a mote	or vehicle, 1	olease pro	vide the
following information:			1				1	
a.) Have you received any	moving	violations	in the	last th	ree years	? Ye	s N	0
If yes, please expla					,			
b.) Please indicate valid da		ense held:	A	В	C	D M		
c.) Do you have a CDL:	YES	NO d		orsem	ents:	H N	T P	
**Note to applicants: Do not answer th	is question u	nless you have b	been infori	med of th	e essential fur	nctions of the job	for which you	are applying.
Are you capable of perform								
the job for which you are	_			No		•		
How did you learn about this of								
Salary Desired:			Date Av	ailable:				

May we contact your cu	arrent empl	over for a referen	ce?	Yes	No	
Employer	arrone empre		Supervisor'		Supervisor's Tel. No.	
Type of Business	Addı	ress				
Your Job Title	Date From	s employed (indicates: To:		Avg. hours worked per week		
Duties:						
Monthly Salary		Reason for Le	aving			
Employer			Supervisor's	s Name	Supervisor's Tel. No.	
Type of Business	Addı	ess	l			
Your Job Title	Date Fron	s employed (indica		months and years) Avg. hours worked per week		
Monthly Salary		Reason for Lea	aving			
Employer			Supervisor's	s Name	Supervisor's Tel. No.	
Type of Business	Addı	ldress				
Your Job Title	Date Fron	s employed (indica		Avg. hours	worked week	
Duties:				1		
Monthly Salary Reason for Le			aving			
misrepresentation, false statement, or I authorize investigation of all statem that is obtained. I release all persons application and other employmer	omission by me in ents made on this s, companies, and on trelated documen	the application or interview application and any attachn organizations from liability ts are not contracts of emplo	y process will be cause for providing or receiving or providing or receiving oyment; and, that any or	for rejection of my oure County to co ng such informatio ral or written stater	nowledge. I understand that any willful application or termination of my employn ntact my reference and verify the informan. I further understand that this employmenents to the contrary are hereby expressly onary period of a minimum of six months	

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

Date:

Applicant Signature:

Name: References: (Please include bot	h personal and	business references)
Name		Telephone Number (s)
Knows applicant through:	Address	
Length of time reference has know	wn applicant:	
Name		Telephone Number (s)
Knows applicant through:	Address	
Length of time reference has know	wn applicant:	
Name		Telephone Number (s)
Knows applicant through:	Address	
Length of time reference has know	wn applicant:	
Name		Telephone Number (s)
Knows applicant through:	Address	
Length of time reference has known	wn applicant:	
Name		Telephone Number (s)
Knows applicant through:	Address	
Length of time reference has know	wn applicant:	

LAMOURE COUNTY, NORTH DAKOTA

EQUAL EMPLOYMENT OPPORTUNITY FORM

We invite you to complete the enclosed Equal Employment Opportunity form and return it in a separate envelope from your application.

This information will be forwarded to our Title VI Coordinator and kept completely separate from your application. This information is used for statistical purposes only as part of our ongoing efforts to maintain Title VI compliance.

Submission of this information is completely voluntary and will be kept confidential.

EQUAL EMPLOYMENT OPPORTUNITY

LaMoure County (6-2016)

Due to the receipt of federal aid funds, LaMoure 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 the 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 part of your applicant file or included in any documentation provided to the supervising official.

Please Print Name:		
Date:	Position for which you are applying:	
Location:	Birthdate:	Gender Male Female

Racial/Ethnic Heritage (Check one)

<u>Hispanic or Latino</u> – 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.

<u>Black or African American (Not Hispanic or Latino)</u> – A person having origins in any of the black racial groups of Africa.

<u>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</u> – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

<u>Asian (Not Hispanic or Latino)</u> – 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, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

<u>American Indian or Alaska Native (Not Hispanic or Latino)</u> – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

<u>Two or More Races (Not Hispanic or Latino)</u> – All persons who identify with more than one of the above five races.

How did you learn about the job for which you applied? (List the name of the newspaper, employment agency, organization, agency employee, or other source):

Your Home Address

City State Zip Code