

APPLICATION FOR EMPLOYMENT

MERCER COUNTY, NORTH DAKOTA

4/8/2024

- | | |
|--|---|
| * Follow instructions carefully
* Provide detail - do not use "see resume"
* If accommodation or assistance is needed in completing this application, contact the employing agency. | * Print or type
* Check for errors before submitting |
|--|---|

GENERAL INFORMATION(Please print or type):

Name (Last, First, Middle Initial)		Business Telephone No.			
Mailing Address	City	State	Zip Code	Home Telephone No.	Cell No.
Are you either a U.S. citizen or an alien authorized to work in the U.S.A.?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you provide proof, if hired, that you are eligible to work in the U. S. A.?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn about this opening?					

POSITION(S) APPLYING FOR:**TYPE OF EMPLOYMENT YOU WILL ACCEPT:**

First Choice:	Check all that apply below: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SHIFTS
Second Choice:	

VETERAN'S PREFERENCE (NDCC 37-19.1)

Do you claim Veteran's Preference?	<input type="checkbox"/> NO	<input type="checkbox"/> YES- <i>Must</i> Attach Report of Separation DD-214
Do you claim Disabled Veteran's Preference?	<input type="checkbox"/> NO	<input type="checkbox"/> YES- <i>Must</i> attach DD-214, Report of Separation & a letter less than one year old from Veteran's Administration indicating disability

VETERAN ELIGIBILITY: You must be a ND resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released under other than dishonorable conditions. See ND 37-19.1.

EDUCATION AND/OR TRAINING:

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
School Name & Location (College, business, nursing, vocational, other)	No. of Credits		Field		Did you graduate?	Diploma/ Degree
	QTR.	SEM.	MAJOR	MINOR		
					<input type="checkbox"/> Yes	
					<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	
					<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	
					<input type="checkbox"/> No	

Other education/training/skills:

Computer skills (hardware & software):

Current professional license/certificate/registration:

Related volunteer experience:

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 employer for a reference?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Employer		Telephone No.		Supervisor's Name		
Type of Business		Address				
Your Job Title		Dates Employed(indicate months&years) From: TO:			Average Hrs Worked Per Week:	
Duties:						
Monthly Salary		Reason for leaving				

Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
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Monthly Salary	Reason for leaving	

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Duties:			
Monthly Salary	Reason for leaving		

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 misrepresentation or falsification, my application will be rejected and I may be removed from the job after appointment. 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. Mercer 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. Mercer County shall retain this application for a period of three years from the date signed.

If I have not heard from Mercer 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 Mercer County, employment can be terminated with or without cause and with or without notice at the option of either the employee or Mercer County.

Signature of Applicant: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER: Mercer 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.

03.25.2024

**INFORMATION RELEASE AUTHORIZATION
FOR EMPLOYMENT CONSIDERATION**

Mercer County, State of North Dakota

General Instructions:

****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.**

I. To Be Completed by the Hiring Authority		
Agency Name: Mercer County, ND	Telephone number: 701.745.3022	
Address: 410 Van Slyck Ave, PO Box 39		
City: Stanton	State: ND	Zip: 58571
Type of Background Check to be Conducted: (check all that apply):		
<input type="checkbox"/> Personal and/or Professional	<input type="checkbox"/> Credit	<input type="checkbox"/> Criminal Background Records Check
II. To Be Completed by Applicant		
Last Name:	First Name:	Middle Name:
Other Name(s) Use (Maiden, Former, AKA, Etc.)		
Last Name:	First Name:	Middle Name:
Birth Date:(Required for criminal background check)		Social Security Number:
Current Address:		
City:	State:	Zip:

As an applicant for employment with Mercer County, I understand that a background records check may be completed. All background checks will be completed as directly related to the available position. I hereby waive and release Mercer County, its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information.

In addition, in order to provide Mercer County with information and opinion that may be useful to Mercer County in its hiring decision, I hereby authorize any person, school, current or former employer, organization, or entity disclosed in my resume, application, or interview process to provide any information regarding me. This information and opinion may include but is not limited to my dates of employment, job title and classification, compensation history, reasons for leaving, job-related knowledge and skills, job performance, attendance record, disciplinary action and general character. I understand that the information and opinion provided about me may be negative or positive. I unconditionally release each person, school, employer, organization or other entity who provides information or opinion regarding myself from any and all legal liability from damages that may result from furnishing such information and in making such statements. This release supercedes any agreement or contract I may have previously made to the contrary with any such person, school, employer, organization, or other entity. I further release Mercer County, its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the use or disclosure of such information.

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

Applicant's Signature:	Date:
Witness Signature:	Date: