

City of Linton

PO BOX 57
101 1st St. NE
Linton, ND 58552

Application for Employment

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

Position(s) applying for:

General Information

Name (Last, First, Middle Initial) _____ Work Telephone No. _____ Home Telephone No. _____ Cell phone No. _____

Mailing Address _____ City, State, Zip _____ Email Address _____

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain _____

(Convictions are not an absolute bar to employment, but will be considered in relationship to the job requirements.)

Veteran's Preference

- Veteran No Yes—Must attach DD-214, Report of Separation.
- Disabled Veteran No Yes—Must attach DD-214, Report of Separation & a letter less than one year old from the Veteran's Administration indicating disability.
- Spouse of Disabled Veteran No Yes—Must attach copy of marriage certificate, DD-214, & a letter less than one year old from the Veteran's Administration indicating disability.
- Spouse of Deceased Veteran No Yes—Must attach copy of marriage certificate, DD-214, & veteran's death certificate.

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 NDCC 37-19.1.

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

School Name and Location (college, business, nursing, vocational, or other)	No. of Credits		Field of Study		Did you graduate?	Diploma or degree earned
	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	

Are you related to a member of the Linton City Council or a City Employee? Yes No
If yes, to whom? _____

If the position you are applying for involves operation of a motor vehicle, please provide the following information:

a) Have you received any moving violations in the last 3 years? Yes No

b) If yes, please explain: _____

c) Please indicate valid driver's licenses held: A B C D M

Note to Applicants: Do not answer this question unless you have been informed about the essential functions of the job for which you are applying.

Are you capable of performing, with or without reasonable accommodations, the essential function involved in the job for which you have applied? Yes No (A brief description of the activities involved in such a job is attached)

How did you learn about this opening? _____

Employment History (Provide detail; Do not use "See Resume")

- 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.
- Complete page 3 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	Supervisor's Name	Supervisor's Telephone No.
Type of Business	Address	
Your Job Title	Dates Employed (indicated months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:		
Pay _____ Per _____		Reason for Leaving

Employer	Supervisor's Name	Supervisor's Telephone No.
Type of Business	Address	
Your Job Title	Dates Employed (indicated months & years) From: _____ To: _____	Average Hours Works Per Week
Duties:		
Pay _____ Per _____		Reason for Leaving

Employer	Supervisor's Name	Supervisor's Telephone No.
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Duties:		
Pay _____ Per _____		Reason for Leaving

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments. I authorize the City of Linton to contact my references and verify the information that is obtained. I release all persons, companies, and organizations from liability for providing or receiving such information. I authorize the City of Linton to conduct a background check. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. I hereby acknowledge that if offered a position with the City of Linton, my appointment will include a probationary period of a minimum of six months.

Applicant's Signature _____ Date _____

All information provided is subject to the North Dakota Open Records Law

Equal Opportunity Employer

The City of Linton 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.

Name: _____

Additional Employment History (Provide detail; Do not use "See Resume")

Employer	Supervisor's Name	Supervisor's Telephone No.
Type of Business	Address	
Your Job Title	Dates Employed (indicated months & years) From: _____ To: _____	Average Hours Works Per Week
Duties:		
Pay _____ Per _____	Reason for Leaving	

Employer	Supervisor's Name	Supervisor's Telephone No.
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