



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

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

As an employer, the City of Fargo prohibits smoking in all places of City of Fargo Employment in accordance with N.D.C.C. § 23-12-10.

# Application for Employment

## Instruction to Applicant:

Fill out completely using **ink**. Please be accurate in filling out the form because falsification or misinformation is justification for removal from employment. **PLEASE PRINT**

<b>POSITION APPLYING FOR</b>																
<b>DATE</b> / /	<b>ARE YOU A FORMER CITY OF FARGO EMPLOYEE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO															
	If yes, when and where															
<b>NAME (LAST)</b>		<b>(FIRST)</b>	<b>(MIDDLE)</b>													
<b>PRESENT ADDRESS (NO. AND STREET)</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>												
				<b>AREA CODE/TELEPHONE</b>												
<b>PREVIOUS ADDRESS (NO. AND STREET)</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>												
				<b>BUSINESS/MESSAGE PHONE</b>												
<b>EMAIL ADDRESS</b>																
<b>CAN YOU WORK SHIFTS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>IF PART-TIME AND/OR SEASONAL APPLICATION</b>													
<b>AVAILABLE TO WORK? (Check all that apply)</b>			Dates Available _____ to _____													
<input type="checkbox"/> DAYS	<input type="checkbox"/> EVENINGS	<input type="checkbox"/> NIGHTS														
<b>IF REFERRED BY A CURRENT CITY OF FARGO EMPLOYEE, PLEASE INCLUDE NAME HERE:</b>																
<b>IF NOT REFERRED BY A CURRENT EMPLOYEE, HOW WERE YOU REFERRED:</b>																
<b>CAN YOU PROVIDE PROOF, IF HIRED, THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																
<b>VETERAN'S PREFERENCE</b>																
<p><b>Veteran Eligibility:</b> You must be a North Dakota 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 North Dakota Century Code 37-19.1.</p> <p>Do you claim preference as a:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Veteran</td> <td style="width: 10%;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td style="width: 70%;">Attach DD-214, Report of Separation*</td> </tr> <tr> <td>Disabled Veteran</td> <td><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td>Attach DD-214 &amp; letter less than 1 yr old from veterans' administration indicating disability*</td> </tr> <tr> <td>Spouse of Disabled Veteran</td> <td><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td>Attach a copy of marriage certificate, DD-214, &amp; letter less than 1 yr old from veteran's administration indicating disability*</td> </tr> <tr> <td>Spouse of Deceased Veteran</td> <td><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td>Attach copy of marriage certificate, DD-214, &amp; veterans' death certificate*</td> </tr> </table> <p style="text-align: center;">*Required Veteran's Preference documentation must be received by the closing date of the position.</p>					Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attach DD-214, Report of Separation*	Disabled Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attach DD-214 & letter less than 1 yr old from veterans' administration indicating disability*	Spouse of Disabled Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attach a copy of marriage certificate, DD-214, & letter less than 1 yr old from veteran's administration indicating disability*	Spouse of Deceased Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attach copy of marriage certificate, DD-214, & veterans' death certificate*
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**AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL(S) ATTENDED	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	CERTIFICATE/DEGREE/DIPLOMA (SPECIFY MAJOR AND MINOR)
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE/ BUSINESS/ TECHNICAL/ SERVICE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/ UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	

ATTACH PROOF OF CERTIFICATION(S) FOR REQUIREMENTS, IF NECESSARY

## ADDITIONAL INFORMATION

### OTHER QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

### SPECIALIZED SKILLS (List all that apply)

CHECK SKILLS/EQUIPMENT OPERATED

PC   
  FAX   
  10-KEY   
  MAINFRAME   
  TYPEWRITER   
  WORD PROCESSING

LIST ALL SOFTWARE APPLICATION EXPERIENCE:

PRODUCTION/MOBILE MACHINERY (List):	CURRENT LICENSES HELD (Include Driver's License, State, Class & Number)

### LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY OR OTHER PROTECTED STATUS.


## EXPERIENCE

BEGIN WITH YOUR MOST RECENT JOB. LIST ALL JOBS, AND ANY PERIODS OF UNEMPLOYMENT, IN THE LAST 10 YEARS, INCLUDE MILITARY SERVICE, LIST ANY JOBS YOU HELD MORE THAN 10 YEARS AGO WHICH RELATE TO THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING. ALSO LIST ANY VOLUNTEER EXPERIENCE AT ANY TIME WHICH RELATES TO THE JOB FOR WHICH YOU ARE APPLYING.					
NAME OF EMPLOYER			TYPE OF BUSINESS		
ADDRESS				PHONE	
DATES EMPLOYED FROM TO		STARTING TITLE	LAST TITLE	STARTING ANNUAL SALARY	FINAL ANNUAL SALARY
NAME OF SUPERVISOR		MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES:					

NAME OF EMPLOYER			TYPE OF BUSINESS		
ADDRESS				PHONE	
DATES EMPLOYED FROM TO		STARTING TITLE	LAST TITLE	STARTING ANNUAL SALARY	FINAL ANNUAL SALARY
NAME OF SUPERVISOR		MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	
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DATES EMPLOYED FROM TO		STARTING TITLE	LAST TITLE	STARTING ANNUAL SALARY	FINAL ANNUAL SALARY
NAME OF SUPERVISOR		MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	
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NAME OF EMPLOYER			TYPE OF BUSINESS		
ADDRESS				PHONE	
DATES EMPLOYED FROM TO		STARTING TITLE	LAST TITLE	STARTING ANNUAL SALARY	FINAL ANNUAL SALARY
NAME OF SUPERVISOR		MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES:					

"I hereby authorize the City of Fargo to make a thorough investigation of all statements contained in this application, my past employment, education, and other activities and I release from all liability all persons, companies, and corporations supplying such information. I indemnify the City of Fargo against any liability which might result from such investigations. I also agree that if any misrepresentations have been made by me herein or the results of that investigation are not satisfactory for any reason, any offer of employment made to me by the City of Fargo may be terminated immediately without any obligation of liability to me other than for payment, at the amount agreed upon, for services actually rendered if I have begun work for the City of Fargo.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive is intended to create an employment contract between the City of Fargo and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Fargo unless made to me, and I understand that I have the right to terminate my employment at any time, for any reason, and the City of Fargo retains a similar right regarding the discontinuation of my employment."

**I hereby acknowledge that I have read the above statement and understand it.**

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SIGNATURE (ACKNOWLEDGMENT)

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DATE