

## **Application for Employment**

### The City of Jamestown is an Equal Opportunity Employer

We consider applications for all positions without regard to race, gender, creed, religion, sexual orientation, national or ethnic origin or any other legally protected status.

**PLEASE TYPE OR PRINT**: Complete the entire application. If you fail to complete all questions your application will be deemed incomplete and may be rejected. You may attach a resume.

When complete, you may submit the completed application by mail or in person to City Hall; 102 3<sup>rd</sup> Ave SE, Jamestown, ND 58401, or email it to <a href="mailto:JSveum@JamestownND.gov">JSveum@JamestownND.gov</a>

Position Applying For:	_		
Name: (Last, First, Middle):			
Street Address:		_	Cell Phone:
City, State & ZIP:		_	Home Phone:
Email Address:		_	Work Phone:
Are you legally authorized to work in the United States?	Yes	or	No
Can you travel if the job requires it?	Yes	or	No
Are you 18 years of age or older? Yes If not, what is	your currer	nt ag	e?
Are you currently employed by the City of Jamestown?	Yes	or	No
If so, what is your current job title?			
Have you ever been employed by the City of Jamestown?	Yes	or	No
If so, list dates of employment & reason for leaving:			
Are you related to any current City of Jamestown employee?	Yes	or	No
If so, their name and relationship:			
If required, do you have a valid driver's license?	Yes	or	No
If so, State of issuance, license number and expiration d	ate:		
How did you hear about this employment opportunity?			
Are you applying for: Full-Time or Part-time	_		
If hired, when are you available to start?		_	Desired salary range (monthly):
Best time to contact you? Morning Afternoo	n Ev	enir	ng Specific Time:

# EDUCATION/TRAINING- Include Technical/Academic Achievements/Courses **High School**: Address: To: Did you receive a Diploma? (High School or GED) Yes or No **Post-Secondary School:** Address: To: Did you receive a Certificate or Diploma? From: Yes or No Degree(s) acquired: Other: Address: From: To: \_\_\_\_\_ Did you receive a Certificate or Diploma? Yes \_\_\_\_\_ or No \_\_\_\_\_ Degree(s) acquired: Other credentials: licenses, professional affiliations, etc., which are relevant to the job for which you are applying. SKILLS & QUALIFICATIONS: Please list technical skills, clerical skills, trade skills, etc., relevant to the position. Include relevant computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate, or expert). State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_\_ Have you ever been convicted of a misdemeanor or a felony, or had a deferred imposition of sentence? Yes or No If so, name charge for which you were convicted, case number, offense date, conviction date and jurisdiction. **VETERAN ELIGIBILITY:** 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 N.D.C.C. Sec 37-19.1-02 through 37-19.1-04.] Do you claim Veteran's Preference? Yes \_\_\_\_\_ or No \_\_ If so, you must attach a DD-214, Report of Separation [ See N.D.C.C. Sec 37-19.1-02(a).]

Do you claim Disabled Veteran's Preference? Yes \_\_\_\_\_ or No \_\_\_\_\_ If so, you must attach a DD-214, *Report of Separation* and a letter less than one year old from the US Department of Veterans Affairs indicating disability. [See N.D.C.C. Sec 37-19.1-02(b).] **EMPLOYMENT HISTORY:** Begin with your <u>current</u> or most recent employer. Attach additional sheets if necessary and explain any gaps in employment history. Include full-time military or volunteer commitments. *DO NOT complete this information with the notation "See Resume"*. The City of Jamestown reserves the right to contact all current and former employers for reference information.

Employer:	Address:			
Phone Number:	Job Title:			
Supervisor's Name:	Dates Employed:			
Supervisor's Email:				
Starting Hourly Rate/Salary:	Final Hourly Rate/Salary:			
Work Performed:	<u> </u>			
Reason for Leaving:				
May we contact your current employer? Yes or No				
Employer:	Address:			
Phone Number:	Job Title:			
Supervisor's Name:	Dates Employed:			
Supervisor's Email:	Final Hourly Rate/Salary:			
Work Performed:				
Reason for Leaving:				
May we contact this former employer? Yes or No				
Employer:	Address:			
Phone Number:	Job Title:			
Supervisor's Name:	Dates Employed:			
Supervisor's Email:	Final Hourly Rate/Salary:			
Work Performed:				
Reason for Leaving:				
May we contact this former employer? Yes or No				

REFERENCES:	
Name:	Phone Number:
Address:	City, State & ZIP
Email Address:	
Name:	Phone Number:
Address:	City, State & ZIP
Email Address:	
Name:	Phone Number:
Address:	City, State & ZIP
Email Address:	
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PLEASE READ CAREFULLY AND SIGN THAT YOU UN	IDERSTAND AND ACCEPT THIS INFORMATION.
understand and agree that failure to fully complete the form, of grounds for elimination from consideration for employment, of date. I authorize the City of Jamestown to investigate, without supporting materials. I authorize references and former employmention with this application for employment. If requested credit background investigation, and /or a screening for illegal understand that this document is NOT an offer of employment constitute a contract for continued guaranteed employment. It serve at will, and the employment relationship may be terminated other than a reason prohibited by law. If employed, I will be resulted to the contract for benefits including paid leave. If employed on a and would be ineligible for benefits including paid leave. If employer, if applicable. I understand that any benefits I receive without prior notice. I understand that the first SIX MONTHS of which I would not be eligible to apply for transfer or promotion appeal.	r termination after employment if discovered at a later tability, all statements contained in this application and oyers, without liability, to fully respond to any inquiry in I, I agree to submit to a physical exam, a criminal and substances upon conditional offer of employment. I taken an offer of employment, if tendered, does NOT I understand that employees of the City of Jamestown atted at any time by either party, for any or no reason, equired to furnish proof of eligibility to work in the United eath, and to comply with City of Jamestown and temporary basis, I would only be paid for hours worked, ployed on a regular, benefits-eligible basis, I understand in Retirement System or to an optional retirement employment represent a trial period, during
By signing below, I confirm that the above statements are true	
Applicant Signature:	
Date:	

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

### **U.S. Equal Employment Opportunity**

The City of Jamestown encourages all applicants, as well as current employees who have not previously done so, to complete the following Equal Employment Opportunity survey. This information is kept separate from your application and/or personnel file and is for statistical purposes only. The information you submit in this survey will not be taken into consideration when hiring.

Full Name:				
Job Title / Position A	applying For:			
Position Status:	Full Time		Part Time	
Gender: Ma	ale:	Female:	Choose not to ans	wer:
Race/Ethnicity:				
White / Cau	ucasian (non-Hispa	nic)		
Hispanic / L	atino			
Black / Afric	can American			
American Ir	ndian or Alaskan Na	ative		
Native Haw	raiian or Pacific Isla	nder		
Asian				
If 'other' (p	lease specify)			

Thank you for your response. Your cooperation will allow the City of Jamestown to be compliant with Public Law 88-352, Title VII of the Civic Rights Act of 1964 as well as complying with rules and regulations set for the by the US Equal Opportunity Commission.

For more information, please visit the official we site for the EEOC located at <a href="http://www.eeoc.gov/">http://www.eeoc.gov/</a>