

JOB ORDER # \_\_\_\_\_



**APPLICATION FOR EMPLOYMENT**  
 JSND/WORKFORCE PROGRAMS  
 SFN 16770 (R. 3-01)

**WARD COUNTY JOB APPLICATION FORM A**  
 JOB APPLICATIONS MUST CONTAIN PARTS A, B & C  
 TO BE CONSIDERED FOR EMPLOYMENT

**APPLICATION FOR EMPLOYMENT WITH**

**WARD COUNTY**  
**315 SE 3<sup>RD</sup> ST. MINOT, ND 58701**

Name (Last, First, MI)

<i>PERSONAL INFORMATION</i>											
Last Name				First Name				MI			
Present Address/Box			City				State	ZIP Code			
Permanent Address/Box			City				State	ZIP Code			
Telephone #		Message #			Drivers License? Yes No			Class			
<i>GENERAL INFORMATION</i>											
Position applying for (be specific):			Date you can start:			Salary or wage expected:					
Check if you are willing to accept:				Please fill in the times you are available for work each day.							
Full Time	Permanent			<b>Hours available</b>	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Part Time	Temporary			From							
Shift Work	Seasonal			To							
<i>EDUCATION/TRAINING</i>											
Place an "X" in front of the highest grade completed: 7 8 9 10 11 12 GED 13 14 15 16 17 18											
<b>Name of School</b>			<b>Course of Study</b>				<b>Degree, Certificate, Occupational License</b>				
Subjects of special study or research work:											
Special skills/abilities/certificates/license(s)/equipment/software operated:											
List any other qualifications which should be considered:											
<i>MILITARY INFORMATION</i>											
Are you a veteran? Yes No			Branch:			FOR JSND/EMPLOYER USE ONLY					
Dates of Service: From		To									

(Continue on next page)

Are you presently employed? Yes No		If yes, may we contact your present employer? Yes No	
<b>PLEASE COMPLETE THE WORK HISTORY SECTION STARTING WITH YOUR PRESENT OR MOST RECENT JOB</b>			
Company		City	State
Job Title		Hours Worked Per Week	
List specific tasks completed on the job.		Machines/Equipment You Have Operated	
Date Started		Date Ended	
Mo.	Yr.	Mo.	Yr.
Wage		Reason for Leaving:	
\$ ____ Per ____			

Company		City	State
Job Title		Hours Worked Per Week	
List specific tasks completed on the job.		Machines/Equipment You Have Operated	
Date Started		Date Ended	
Mo.	Yr.	Mo.	Yr.
Wage		Reason for Leaving:	
\$ ____ Per ____			

Company		City	State
Job Title		Hours Worked Per Week	
List specific tasks completed on the job.		Machines/Equipment You Have Operated	
Date Started		Date Ended	
Mo.	Yr.	Mo.	Yr.
Wage		Reason for Leaving:	
\$ ____ Per ____			

Please summarize any other work history you may have.

**REFERENCES:** Please list below three individuals who are not related to you and are not previous employers.

Name	Address	Telephone #

**Date** **Signature of Applicant**

**DO NOT WRITE BELOW THIS LINE--FOR OFFICE USE ONLY**

Interviewed By:	Date:	Hired: Yes <input type="checkbox"/> No <input type="checkbox"/>
Position:	Salary:	Date Starting:

Interviewer Comments:

**PLEASE NOTE: JOB APPLICATION MUST CONTAIN PARTS A, B, & C TO BE CONSIDERED FOR EMPLOYMENT**

**WARD COUNTY Pre-employment Affidavit**

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

WARD COUNTY is an equal opportunity employer. We pledge continued positive action to insure equal opportunity for all employees regardless of race, color, religion, national origin, sex, age, or disability. It is our policy to provide employment opportunities to qualified disabled individuals, and veterans.

By my signature and initials placed below, I promise that the information provided in this employment application sections A, B, and C (and accompanying resume/application) is true and complete. I understand that any false information or significant omission may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I agree to immediately notify the County if I should be convicted of a felony, or any crime involving dishonesty or breach of trust while my job application is pending, or during my period of employment, if hired.

\_\_\_\_\_ Initial

I authorize any person, school, current employer (except as previously noted), past employer, and organizations to provide the County with relevant information and opinion that may be useful to the County in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ Initial

I give permission for a complete check of my driving record including any state where I presently have or have had a driver's license or permit.

\_\_\_\_\_ Initial

I give permission for a complete employment physical examination, including a drug screening exam and x-rays. I consent to the release to the County of any and all medical information, as may be deemed necessary by the County in judging my capability to do the work for which I am applying.

\_\_\_\_\_ Initial

Have you ever been convicted of a crime, other than a civil traffic offense for which you could have been fined or sentenced to jail or prison even if the sentence was suspended or deferred:

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain on back)

I understand that if the County terminates my employment for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investment or other activities that create a conflict of interest with my position.

\_\_\_\_\_ Initial

Are you related to any current Ward County employee? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes explain on back)

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of any wages or salary, be terminated at any time. This is "At Will Employment". I understand that no person is authorized to change any of the terms mentioned in this employment affidavit. Any verification made as a result of this release will be made in a professional manner by a Department Head or by the County Personnel Officer or at their request. Verifications will normally be made prior to job offer, after job offer and prior to employment or during evaluation period. Special conditions may require verifications during employment.

Signed by \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE JOB APPLICATION MUST CONTAIN PARTS A, B, & C (and possibly a complete resume) TO BE CONSIDERED FOR EMPLOYMENT**

The following additional information may be needed for work in specific Ward County Departments. Please provide all pertinent information, which may be useful in the position you are making application.

Using the following Codes please identify your **experience level**. Please keep in mind that over exaggeration may be grounds for termination if hired. Certain Departments may provide testing for verification of skill levels.

**Code**

- S - Some Experience (3-12 months)**
- E - Experienced (1 year - 3 years)**
- V - Very Experienced (over 3 years)**
- T - Have Taught others**

**All Positions Involving Clerical Duties**

	<b>wpm</b>	<b>Code</b>		<b>Code</b>
Keyboarding w/p/m	_____	_____	Spreadsheet Applications	_____
Transcription w/p/m	_____	_____	Word Processing Programs	_____
10 key c/p/m	_____	_____	IBM Compatible Computers	_____
			Internet Experience	_____

**Ward County Highway Department Applicants Only**

Please list types of equipment used and proficiency using codes from above:

Loader	_____	Backhoe	_____	Forklift	_____
Scraper	_____	Motor Grader	_____	Dump Truck	_____
Dozer	_____	Skid Steer	_____	Semi-tractor/Trailer	_____

**Driver's License Information**

If the position description you are applying for requires a driver's license, please list your driver's license number, state and class of license \_\_\_\_\_

**Ward County Jail and Ward County Juvenile Detention Center Applicants Only**

As an applicant for the position of Correctional and/or Juvenile Detention Officer with the Ward County Jail and/or Juvenile Detention Center, I hereby consent to complete psychological testing, and the completion of a background check to be completed by the Sheriff's Department.

\_\_\_\_\_ Signature \_\_\_\_\_ Date  
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