



# APPLICATION FOR EMPLOYMENT

STATE OF NORTH DAKOTA

SFN 10950 (11-12)

- 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 & signature before submitting

Position applying for:	Position Number	Requisition Number
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## General Information

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code

Have you ever been a student of the North Dakota University System or an employee of the State of North Dakota?  
 No  Yes If yes, please indicate your student or employee ID number, if known, and your former name(s) if your name changed.

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.)

How did you learn about this opening?

## Veteran's Preference

**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 North Dakota Century Code 37-19.1.

Do you claim preference as a:

- Veteran  No  Yes – Attach DD-214, Report of Separation
- Disabled Veteran  No  Yes – Attach DD-214 & letter less than 1 yr. old from veterans' administration indicating disability
- Spouse of Disabled Veteran  No  Yes – Attach copy of marriage certificate, DD-214, & letter less than 1 yr. old from veterans' administration indicating disability
- Spouse of Deceased Veteran  No  Yes – Attach copy of marriage certificate, DD-214, & veteran's death certificate

## 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)	Number of Credits		Field		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	

Computer skills, related volunteer experience, and other education/training/skills:

## License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

**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 pages 3 and 4 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			
<b>1.</b>	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving or Reason for Considering Leaving if Still Employed	
<b>2.</b>	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving or Reason for Considering Leaving if Still Employed	
<b>3.</b>	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving or Reason for Considering Leaving if Still Employed	

**Go on to page 3 if you have additional employment history.**

<p>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, and I release all persons, companies, and organizations from liability for providing or receiving such information. 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. A typed name is considered a signature.</p>	
<p>_____</p> <p>Applicant's Signature</p>	<p>_____</p> <p>Date</p>

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

As employers, the State of North Dakota and political subdivisions prohibit smoking in all places of state and political subdivision employment in accordance with N.D.C.C. § 23-12-10.

**Equal Opportunity Employer**

The State of North Dakota does not discriminate on the basis of race, color, national origin, sex, genetics, religion, age, or disability in employment or the provision of services and complies with the provisions of the North Dakota Human Rights Act.







