



CITY OF WILLISTON

APPLICATION FOR EMPLOYMENT

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

- Follow instructions carefully
- Provide detail – do not use “see resume”
- If accommodation or assistance is needed in completing this application please contact Chery Pierzina in the Human Resources Department at (701) 713-3802 or cheryp@ci.williston.nd.us
- Print or type
- Check for errors & signature before submitting

Position applying for:	Are you 18 years of age or over?	Date
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General Information

Name (Last, First, Middle Initial)			Email Address		
Mailing Address		City		State	Zip Code
Work Telephone	Home Telephone	Cellular/Other Telephone	Primary telephone number for calls related to this job opening <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cellular/Other		
Can you provide proof, if hired, that you are eligible to work in the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain _____ <small>(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)</small>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No License State _____ License Number _____					
How did you learn about this opening?					

Veteran's Preference

Do you claim Veteran's Preference?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must</i> attach DD-214, Report of Separation
Do you claim Disabled Veteran's Preference?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must</i> attach DD-214, Report of Separation, and a letter less than 1 year old from the US Dept. of Veteran Affairs indicating disability
Spouse of Disabled Veteran?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must</i> attach copy of marriage certificate, DD-214, and a letter less than 1 year old from the US Dept. of Veteran Affairs indicating disability
Spouse of Deceased Veteran?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must</i> attach copy of marriage certificate, DD-214, and veteran's death certificate
<p>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.</p>	

Education and/or Training

Did you graduate from high school or receive a GED Certificate?						<input type="checkbox"/> Yes <input type="checkbox"/> No
SCHOOL NAME AND LOCATION <small>(college, business, nursing, vocational, or other)</small>	No. 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	

Other education/training/skills:

Computer skills (hardware & software):

Related volunteer experience:

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.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
1.	Employer	Telephone No.	Supervisor's Name		
Type of Business		Address			
Your Job Title		Dates Employed (indicate months & years)		Average Hours Worked Per Week	
		From:	To:		
Duties:					
Monthly Salary		Reason for Leaving or Reason for Considering Leaving If Still Employed			
2.	Employer	Telephone No.	Supervisor's Name		
Type of Business		Address			
Your Job Title		Dates Employed (indicate months & years)		Average Hours Worked Per Week	
		From:	To:		
Duties:					
Monthly Salary		Reason for Leaving or Reason for Considering Leaving If Still Employed			
3.	Employer	Telephone No.	Supervisor's Name		
Type of Business		Address			
Your Job Title		Dates Employed (indicate months & years)		Average Hours Worked Per Week	
		From:	To:		
Duties:					
Monthly Salary		Reason for Leaving			

4.	Employer	Telephone No.	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	
5.	Employer	Telephone No.	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	

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.

Applicant's Signature _____
The City of Williston must have the applicant's actual signature.

Date _____

The City of Williston is an Equal Employment/Affirmative Action Employer.

Location

City Hall
 22 E Broadway, 2nd Floor
 Williston, ND 58801

Mailing Address

PO Box 1306
 Williston, ND 58802-1306

Hours

8:00 a.m.-5:00 p.m. Monday-Friday