

EMPLOYMENT APPLICATION

Trail County is an equal opportunity employer. Employment and promotions in all job classifications are without regard to race, color, creed, sex, age, national origin, religion, disability, military status, marital status, status with regard to public assistance, sexual orientation, or any other classification protected by applicable state or federal laws.

Please Note: A clear understanding of your background will aid in determining your candidacy

PERSONAL INFORMATION

NAME (First, Middle, Last): _____ CELL #: _____

MAILING ADDRESS: _____ HOME #: _____

CITY, STATE ZIP: _____

PHYSICAL ADDRESS (NO PO BOXES): _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

IN CASE OF AN EMERGENCY NOTIFY: _____

ARE YOU 18 YRS OF AGE OR OLDER? YES NO

ARE YOU A US CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE US? YES NO

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN? YES NO

If yes, please explain: _____

EVER APPLIED TO THIS COUNTY BEFORE? YES NO

If yes, where & when: _____

WILL YOU ABIDE BY OUR BEHAVIORAL, CONFIDENTIALITY, ETHICAL AND OTHER CODES OF CONDUCT? YES NO

EMPLOYMENT DESIRED

POSITION: _____ DATE AVAIL TO START: _____ REFERRED BY: _____

TIMES AVAILABLE FOR WORK: _____ DESIRED WAGE/SALARY: _____

EDUCATION & SKILLS

TYPE	NAME & LOCATION	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS			

SPECIAL SKILLS:

EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW?

YES NO

Please fill in past employment history. List present or last employer first.

DATE (M/Y-M/Y)	NAME, ADDRESS & PHONE #	POSITION & SALARY	REASON FOR LEAVING

WHICH OF THESE DID YOU LIKE BEST & WHY?

REFERENCES WE MAY CONTACT

NAME & OCCUPATION	PHONE	YEARS KNOWN

APPLICANT'S STATEMENT & AUTHORIZATION

I hereby give Traill County the right to investigate my past employment and background history. I release liability from all persons, companies, and corporations who supply such information. I indemnify Traill County against liability that might result from such an investigation. I understand that any false answer, statement, or omission I make in this application or in any other required document shall be considered sufficient cause to deny or terminate employment. I verify that I am eligible to work in the United States. I understand that all employment at Traill County is "at will" meaning that either they or I may terminate the relationship at any time for any lawful reason.

SIGNATURE: _____ DATE: _____

Military Information:

Are you a Veteran? Yes No

If yes, dates of service: From: To:

Branch:

If claiming North Dakota Veterans Preference, Form DD214 must be attached to this application. NDCC 37-19.1-02 Subsection 2.

Form DD214 is attached: Yes No

Please Initial: