



City of Watford City
 213 2nd St NE / P.O. Box 494
 Watford City, North Dakota 58854
 (701) 444 - 2533
www.cityofwatfordcity.com

*The City of Watford City is an Equal Employment Opportunity Employer.
 Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status,
 the presence of a non-job-related medical condition or physical disability, or any other legally protected status.*

APPLICATION FOR EMPLOYMENT (Please Type or Print)

Position(s) Applied For: _____ Date of Application: _____

_____ Last Name, _____ First Name, _____ Middle

_____ Address _____ City _____ State _____ Zip

() _____ - _____ or () _____ - _____ Telephone Number(s): _____ Email Address _____

Best time to contact you at home is: _____: _____ AM PM

Do you currently have a valid Driver's License? Yes No License Class _____

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. _____ Yes No

Do any of your friends or relatives work here? _____ Yes No

Date available to work: _____ What is your desired salary? _____

Are you available to work: Full Time Part Time Temporary Seasonal

EDUCATION AND TRAINING

	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
College				
Graduate Professional				
Other(Specify)				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.	_____ _____ _____			

EMPLOYMENT EXPERIENCE

List all present and past employment, beginning with your most recent.

Employer _____ Telephone Number (s) _____ Job Title _____ Supervisor _____ Employed from: _____ to _____ Reason for Leaving _____	Work Performed: _____ _____ _____ _____ Hourly Rate Salary: Beginning: _____ Ending: _____
Employer 2 _____ Telephone Number (s) _____ Job Title _____ Supervisor _____ Employed from: _____ to _____ Reason for Leaving _____	Work Performed: _____ _____ _____ _____ Hourly Rate Salary: Beginning: _____ Ending: _____
Employer 3 _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Employed from: _____ to _____ Reason for Leaving _____	Work Performed: _____ _____ _____ _____ Hourly Rate Salary: Beginning: _____ Ending: _____
Employer 4 _____ Telephone Number (s) _____ Job Title _____ Supervisor _____ Employed from: _____ to _____ Reason for Leaving _____	Work Performed: _____ _____ _____ _____ Hourly Rate Salary: Beginning: _____ Ending: _____

May we contact these employers regarding your qualifications..... Yes _____ No

List professional, trade, business, or civic activities and offices held.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

ADDITIONAL INFORMATION

Military Information

Have you served in the Armed Forces of the United States? Yes _____ No

Are you claiming Veteran's Preference under North Dakota Statue? Yes No
(You must submit a DD214 verifying each claim) **Are you claiming status of a disabled veteran?** Yes _____ No
(A copy of your letter from the VA claiming disability must be attached to this application.)

Describe any job-related training received in the United States Military: _____

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Word	<input type="checkbox"/> Files/Recordkeeping	<u>Machinery</u> (list)	<u>Other</u> (list)
<input type="checkbox"/> Excel	<input type="checkbox"/> GIS	_____	_____
<input type="checkbox"/> Typing	<input type="checkbox"/> Data Entry	_____	_____
WPM _____		_____	_____

Note to applicants:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing in a reasonable manner with or without a reasonable accommodation, the activities involved in the job or occupations for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

Supply any additional information you feel may be helpful to us in considering your application.

REFERENCES

1	_____ Name	(____)____-____	_____ Phone Number
	_____ Address	_____ City	_____ State
		_____ Zip	
2	_____ Name	(____)____-____	_____ Phone Number
	_____ Address	_____ City	_____ State
		_____ Zip	
3	_____ Name	(____)____-____	_____ Phone Number
	_____ Address	_____ City	_____ State
		_____ Zip	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

I understand this application for employment shall be considered active for a period of one year. Should I wish to be considered for employment beyond this time period I will inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Watford City is of an "at will" nature, which means that the Employee may resign at any time and the City of Watford City may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Watford City.

Safety Sensitive employees will be subject to a pre-employment drug test.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I will also be required to abide by all rules and regulations of the City of Watford City.

Signature of Applicant

Date