

APPLICATION FOR EMPLOYMENT  
**GRIGGS COUNTY GOVERNMENT**

Personnel Department, 808 Rollin Ave, Cooperstown, ND 58425  
Mailing Address: PO Box 511, Cooperstown, ND 58425

We are pleased that you are interested in applying for a position with Griggs County Government. Griggs County does not discriminate in hiring practices on the basis of race, color, religious creed, national origin, sex, age, ancestry, or handicap if the applicant's ability to perform the job is not limited. No question on the form is intended to secure information to be used for such discrimination.

**GENERAL INFORMATION:**

Full Name: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Position applied for: \_\_\_\_\_  
Department: \_\_\_\_\_  
Applying for  Full Time  Part Time  Temporary  
Salary Requirements: \_\_\_\_\_  
Date Available: \_\_\_\_\_

**FOR VETERANS ONLY:**

(Answer all parts. If a part does not apply to you, answer, "No.")

Have you ever served on active duty in the United States military Service?  Yes  No  
(Exclude tours of active duty for training in Reserve or Nat'L Guard.)

Are you Claiming Veterans' Preference?  Yes  No  
(If "Yes," you must furnish the DD214 Report of Separation form. )

Have you ever been discharged from the armed services under other than honorable conditions?  Yes  No  
(If "Yes," please specify:  
\_\_\_\_\_  
\_\_\_\_\_

List Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

**EDUCATION**

Institution	Address	Major Course Subject	Select Last Year Completed	Graduated
High School/GED Equivalent				<input type="checkbox"/> Yes
Business/Technical School				<input type="checkbox"/> Yes
College				<input type="checkbox"/> Yes
Graduate Work				<input type="checkbox"/> Yes
Other (Describe)				<input type="checkbox"/> Yes

**WORK HISTORY:**

(Start with your present or most recent job. List self-employment, internship, summer and part-time jobs.)

1. Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Ending: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Job Titles and Duties: \_\_\_\_\_  
 Specific Reason for Leaving: \_\_\_\_\_

2. Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Ending: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Job Titles and Duties: \_\_\_\_\_  
 Specific Reason for Leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job Titles and Duties: \_\_\_\_\_  
Specific Reason for Leaving: \_\_\_\_\_

4. Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job Titles and Duties: \_\_\_\_\_  
Specific Reason for Leaving: \_\_\_\_\_

5. Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job Titles and Duties: \_\_\_\_\_  
Specific Reason for Leaving: \_\_\_\_\_

May we contact the above for reference checking purposes?  Yes  No

Please identify by number any employer(s) you do not wish to contact: \_\_\_\_\_

Is there any type of work which your physical or mental condition prohibits, or have you ever been advised by a physician not to perform certain types of work? If so, please explain:


(For Office Positions Only): List the equipment you can operate (such as typewriter and speed/accuracy, calculator, dictaphone, personal computer, types and programs, word processing, etc.):


(Optional): Use the space below to describe your interest in the position and the skills and aptitudes that you feel qualify you for this position. Job-related associations, special job-related training or skills and the like may be listed here.


Please list the names, addresses and phone numbers of three work-related references who have definite knowledge of your qualifications, skills and abilities to perform the position you are applying for:


**FOR LAW ENFORCEMENT APPLICANTS ONLY:**

Every applicant for a position as a law enforcement officer for any state or political subdivision agency must be asked in any written application for that position whether that applicant has ever pled or been found guilty of a felony including a felony charge that was later dismissed under a deferred imposition of sentence.

**Check here** to acknowledge that you have read the above statute and certify that you have never been found guilty of a felony including a felony charge that was later dismissed under a deferred imposition of sentence.  Yes

**CERTIFICATION AND RELEASE OF INFORMATION**

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. I also understand that the County retains the right to terminate an employee at any time for any reason, with or without cause, in accordance with the Personnel Policies of Griggs County.

Agree                       Disagree

**AUTHORITY FOR RELEASE OF INFORMATION**

I have completed this application with the knowledge and understanding that any of all items and answers which I have provided may be subject to investigation by Griggs County. I hereby consent to the release of information requested by Griggs County from any and all educational institutions, law enforcement agencies, current and former employers, and other listed references. I acknowledge that I have read and understood the above agreement.                      \_\_\_

Agree

Disagree

Driver's License Number

State of Insurance

**Signature**

An equal opportunity and at-will employer