

# APPLICATION FOR EMPLOYMENT

**McLean County Courthouse  
P.O. Box 1108  
Washburn, ND 58577**

Position Applied For  _____
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(Please Print or Type)

## GENERAL INFORMATION

Last Name	First	Middle	Social Security Number	Date of Application
Present Address (street-number-city-state-zip)				Telephone Number
Are you willing to: Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available for Work
How did you learn about employment opportunities? <input type="checkbox"/> Weekly Newspaper <input type="checkbox"/> Daily Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Job Service <input type="checkbox"/> College Placement Office <input type="checkbox"/> Other _____				Minimum Salary Expected

## MILITARY DATA (U.S. only)

Branch of Service	Grade or Rating	Length of Service
Duties in Service (describe technical experience)		

## EDUCATION

Circle highest grade completed:	Grade School 1 2 3 4 5 6 7 8 9 10 11 12	High School 1 2 3 4	Voc/Bus 1 2 3 4	College 1 2 3 4	Graduate 1 2 3 4
Name and location of last grade or high school attended				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not a high school graduate, do you have a certificate of equivalency (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Give place of issue of GED certification			
Give Name and City of Vocational, Business School or Colleges Attended	Major Field	Minor Field	Degree Awarded		
List Additional information such as certificates or licenses held, correspondence course, or special skills					
Office Machines and/or Equipment					

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## VOLUNTEER WORK EXPERIENCE

Describe any pertinent volunteer and unpaid work experience. (Please indicate your responsibilities, size of operation, time devoted to activity per month, and dates during which work occurred.)

## EMPLOYMENT HISTORY

Begin with your PRESENT or last job and described each period of employment as indicated. Attach an additional sheet if necessary.

L A S T  O R  P R E S E N T  E M P L O Y E R	Name of Employer: _____ Address of Employer: _____ Your Job Title or Classification: _____ Job Duties: _____ Reason for Leaving: _____ If you still work here, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: (Mo) _____ (Yr) _____ to (Mo) _____ (Yr) _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hrs. per week: _____ Monthly salary: (starting) _____ (ending) _____ Supervisor's Name: _____ Supervisor's Title: _____
	Name of Employer: _____ Address of Employer: _____ Your Job Title or Classification: _____ Job Duties: _____ Reason for Leaving: _____	From: (Mo) _____ (Yr) _____ to (Mo) _____ (Yr) _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hrs. per week: _____ Monthly salary: (starting) _____ (ending) _____ Supervisor's Name: _____ Supervisor's Title: _____
	Name of Employer: _____ Address of Employer: _____ Your Job Title or Classification: _____ Job Duties: _____ Reason for Leaving: _____	From: (Mo) _____ (Yr) _____ to (Mo) _____ (Yr) _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hrs. per week: _____ Monthly salary: (starting) _____ (ending) _____ Supervisor's Name: _____ Supervisor's Title: _____
	Name of Employer: _____ Address of Employer: _____ Your Job Title or Classification: _____ Job Duties: _____ Reason for Leaving: _____	From: (Mo) _____ (Yr) _____ to (Mo) _____ (Yr) _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hrs. per week: _____ Monthly salary: (starting) _____ (ending) _____ Supervisor's Name: _____ Supervisor's Title: _____

## REFERENCES

List three persons, not relatives or employers, who have knowledge of your character or ability.

Name	Address	City, State, Zip Code	Phone
1.			
2.			
3.			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application may be cause for cancellation of the application and/or separation from employment.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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