Gary Schwartzenberger, Sheriff McKenzie County PO Box 591 201 5th St NW Watford City, ND 58854



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APPLICATION for EMPLOYMENT

An Equal Opportunity Employer

- 1) Complete this application by typing or printing legibly in ink. Provide detail do not use "see resume". Check for errors before submitting. All parts of the application <u>must be completed</u>. An UNSIGNED application will <u>not</u> be considered.
- 2) The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state or federal law.
- 3) If accommodation or assistance is needed in completing this application, please contact the Sheriff's Office.

SECTION 1: GENERAL INFORMATION								
Last Name:	Last Name: First Name: Initial							
Address: E-mail:								
City:	State: Zip Code:							
Phone:	Alternate Phone: Date Available:							
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POSITION(S) APPLYING FOR: Deputy Sheriff Correctional Officer Dispatcher Special Deputy Administration Other								
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain.								
Have you ever pled or been found guilty of a felony including a felony charge that was later dismissed under a deferred imposition of sentence?								
If hired, can you provide proof you are eligible to work in the United States?								
SECTION 2: VETERAN'S PREFERENCE								
Veteran's Eligibility: You must be a North Dakota 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 North Dakota Century code 37-19.1.								
Do you claim preference as a:								
Veteran No	No Yes - Attached DD-214, Report of Separation							
Disabled Veteran No								
indicating disability. Spouse of Disabled Veteran No Yes - Attach copy of marriage certificate, DD-214 & letter less than 1 yr. old from veteran's administration indicating disability.								
Spouse of Deceased Veteran No Yes - Attach copy of marriage certificate, DD-214 & veteran's death certificate								
SECTION 3: EDUCATION AND/OR TRAINING								
Did you graduate from high school or receive a GED Certificate?								
COLLEGE NAME & CITY/STATE	Number of Credits Field		Did you	Diploma or				
	Qtr. Sem.	Major Minor	graduate?	Degree Earned				
			Yes No					
			Yes No					
			Yes No					
NOTICE: If the position requi	res a degree an official tr	anscript of the degree is rec	uired with this applic	cation.				

SECTION 4: PROFESSIONAL	SECTION 4: PROFESSIONAL SKILLS / LICENSES							
License/Certification	State	Profession	License/Certification #	Expiration Date				
Are you a Licensed Peace Officer?								
CLERICAL SKILLS: Typing (speed/accuracy)/ Data Entry (speed/accuracy)/ Ten Key								
COMPUTER SKILLS (computer programs that can be operated proficiently):								
FOUIPMENT SKILLS (vehicl	es equipment o	r machines and the types of oper	rations that can be operated n	oficiently):				
EQUITATENT SKILLS (VCIICI	es, equipment of	machines and the types of open	ations that can be operated pr	oncientry).				
	-							
SECTION 5: EMPLOYMENT I	EXPERIENCE							
		ast five (5) years of work history with e	mphasis on experience that is relevant to	the position for which you				
are applying. Include military service an	nd any volunteer work	which has provided experience that would	d help you qualify. If the block provide	d below is not an adequate				
amount of space, you may respond to thi employment of more than three(3) mo		te sheet of paper if all questions are answe	red and the same format is followed. Ex	plain all gaps in				
This information must be completed e		bmitted.						
<i>Notice to applicant:</i> Information that yo	ou provide on this app	olication is subject to verification. Previou	is employers may be contacted as	, –				
references. May we contact your prese		, 		Yes No				
Employer:		Type	e of Business:					
Address:								
Dates: (/ /)	To (/	/) Highest Salary:	Hours/week:					
Phone Number: ()	-	Immediate Supervi	sor:					
Describe Duties (job title, knowl	edge, skills, abili	ties required, employees supervise	ed, accomplishments):					
-								
December I coming								
Reason for Leaving:								
г 1		T	CD :					
Employer: Address:			e of Business: /State/ZIP:					
Dates: (/ /)	To (/	/) Highest Salary:	Hours/week:					
Phone Number: ()	-	Immediate Supervi						
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):								
Reason for Leaving:								

ECTION 5: EMPLOYMENT EXPERIENCE - continued						
Employer: Type of Business:						
Address: City/State/ZIP:						
, , , , , , , , , , , , , , , , , , , ,	Hours/week:					
Phone Number: () - Immediate Supervisor:						
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):						
Reason for Leaving:						
ECTION 6: GENERAL INFORMATION						
position applied for or any other position, and regardless of the contents of employee handbood benefit plans, policy statements, and the like as they may exist from time to time, or other Courceate an actual or implied contract of employment or to confer any right to remain an employ otherwise to change in any respect the employment-at-will relationship between it and the uncannot be altered except by a written instrument signed by the County Commissioners. Both to County may end the employment relationship at any time, without specified notice or reason. The County may unilaterally change or revise their benefits, policies and procedures and such reduction in benefits. I authorize investigation of all statements contained in this application. I understand that mit of facts called for is cause for dismissal at any time without previous notice. I authorize the contained in this application and hereby give the County permission to contact schools, previous otherwise indicated), references, and others, and hereby release the County from any liability	unty practices, shall serve to yee of the County, or dersigned, and the relationship the undersigned and the If employed, I understand that changes may include disrepresentation or omission the investigation of all matters ous employers (unless as a result of such contact.					
The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, mode of living and criminal background. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.						
I further understand that my employment with the County is at-will, and that at any time during employment my employment relationship with the County is terminable for any reason by either party. I also understand that if I am selected for hire, I must successfully pass pre-employment checks prior to beginning employment which may include drug and alcohol screening, and motor vehicle record verification.						
I attest that all information and statements I have provided in this application are	e true and complete.					
Applicant (signature)	Date					