



**CITY OF DEVILS LAKE**  
423 6TH STREET NE  
PO BOX 1048  
DEVILS LAKE, ND 58301  
(701) 662-7600

## EMPLOYMENT APPLICATION

### For Office Use Only

Starting Date:	_____
Department:	_____
Rate of Pay:	_____
Status:	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for: _____		Date: _____	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name _____		First Name _____ Middle Name _____	
Address _____		City _____	State _____ Zip Code _____
Telephone Number(s) _____		Social Security Number _____	

If you are under 16 years of age, can you furnish a work permit?

☐ Yes ☐ No

Have you ever been employed with us before?

☐ Yes ☐ No

If yes, give date: \_\_\_\_\_

Are you currently employed?

☐ Yes ☐ No

Date available for work: \_\_\_\_\_

May we contact your present employer?

☐ Yes ☐ No

Are you legally eligible for employment in this country?

☐ Yes ☐ No

Type of employment desired:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Have you been convicted of a felony within the last 7 years?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

(Conviction will not necessarily be a bar to employment, each instance and explanation will be considered in relation to the position for which you are applying)

Can you perform the essential functions of this job without a reasonable accommodation?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

EMPLOYMENT HISTORY

Start with your present or last employer. Include any job-related military service assignments and volunteer activities.

FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

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SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER		MAJOR	DEGREE	

REFERENCES

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the Employer's service, whenever it is discovered. I give the Employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Employer and its representatives for seeking, gathering and using such information and all other persons, corporations, or organizations for furnishing such information. The Employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the Employer, other than an authorized Officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized Officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. If employed by the City of Devils Lake, I understand that the first six (6) months of my employment will be a probationary period.

I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: Date: