

## **EMPLOYMENT APPLICATION**

Please submit completed form by:

MAIL: West Fargo City Hall
ATTN: Human Resources
800 4th Avenue East Suite 1
West Fargo ND 58078

**EMAIL:** HR@westfargond.gov

**FAX:** 701-433-5319

Read the certificate at the end of this questionnaire before filling in your answers. Print or type all answers. All questions and statements must be complete. If the appropriate answer is no or none, please state that as an answer. Fill out, print, and sign this form If more space is required, use the space "Remarks" at the end of the form.

Position Applying For:							
1. PERSONAL INFORMATION							
Last Name:	First:		Middle:		Legal Name Change/Maiden Name		
Address:		City:			State:	Zip:	
Home Phone:	Work Ph	one:	Cell Phone:				
Email Address:							
2. EDUCATION LIST							
School Attended	chool Attended School Address		School Type		Name of Degree		Check if Graduated
3. SPECIALIZED EDUCATION/SKILLS/CERTIFICATIONS							
4. PROFESSIONAL REFERENCE	ES						
Name	Years Known/ Relationship	Street Address/City/State/Zip			E-mail Add	Phone Number	
					_		
5. HOW WERE YOU REFERRED	TO US? BE SPE	CIFIC					
6. CAN YOU PROVIDE PROOF	, IF HIRED, THAT	YOU ARE ELIGIBLE TO	WORK IN THE UN	NITED ST	TATES?	YES NO	
7. ARE YOU RELATED TO A CI	TY OF WEST FAR	GO EMPLOYEE?	YES NO	NAM	1E:		

<ol> <li>ARREST RECORD (INCLUDE T AND DETAILS OF CRIME BELO</li> </ol>		S BUT NOT PARKING TICKE	TS) -LIST DATES, PLACES, CF	HARGES, DISI	POSITION AND		
6. FORMER RESIDENCES (FOR T	THE PAST FIVE YEARS	5)					
Dates ( to-from)	Addre	SS	City		State/Zip Code		
				□ as:	_		
7. Do you have a current Driver's license?							
8. Veteran and branch of service? Please attach a copy of your DD-214 form)							
9. Have you ever pled guilty o	or been found guilty	of a felony, including a felo	ony that was later dismissed	<u> </u>			
10. EMPLOYMENT (Past five ye	ears)						
All employment, including part		periods of self employmer	nt and periods of unemploy	ment.			
Name of Employer:			Name of Supervisor:				
Address of Employer:			Monthly Salary:				
City:	State:	Zip:	Employed From:	To:			
Position Title:		Reason for Leaving:					
Type of Work:							
(2 lines max.)							
Name of Employer:			Name of Supervisor:				
Address of Employer:			Monthly Salary:				
City:	State:	Zip:	Employed From:				
Position Title:		Reason for Leaving:					
Type of Work: (2 lines max.)							
Name of Employer			Name of Supervisor				
Address of Employer:			Monthly Salary:				
City:	State:	Zip:	Employed From:				
Position Title:		Reason for Leaving:					
Type of Work: (2 lines max.)							

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Name of Employer:			Name of Supervisor:		
Address of Employer:			Monthly Salary:		
City:	State:	Zip:	Employed From: To:		
Position Title:		Reason for Leaving:			
Type of Work: (2 lines max.)					
REMARKS:					
	ns why you are applying for ext five years) goals are:	this position, what you	ur personal goals are in the next five years, and what your		
CERTIFICATE  I represent and warrant the answers I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief, AND FURTHER, in order that the OFFICIALS OF WEST FARGO be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me, agreeing, as this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage of what so ever nature on account of furnishing such information. I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from eligible register or discharge during or after probation.					
Signature of Applicant:			Date:		

## **EEOP STATEMENT:**

It is the continuing policy of the City of West Fargo to afford equal opportunity to qualified individuals regardless of their sex, race, creed, disability, or national origin, and to conform to applicable laws and regulations. Equal opportunity encompasses all aspects of employment practices to include, but not limited to, recruiting, hiring, training, compensation, benefits, promotions, transfers, layoffs, recall from layoffs, discipline, and agency-sponsored educational, social, recreational programs. Additionally, it is the policy of this agency to provide its members a viable means for communicating and resolving grievances and complaints regarding unlawful discriminatory employment practices. Any employee of the City of West Fargo who fails to comply with this policy is subject to appropriate disciplinary action.