



APPLICATION FOR BCI AGENT EMPLOYMENT
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
 SFN 53763 (06-2003)

MAIL TO:
 Office of Attorney General
 600 E Boulevard Ave Dept 125
 Bismarck ND 58505-0040

INSTRUCTIONS

For assistance in completing this application, please call 701-328-2456.

IDENTIFICATION

1. Name (Last, First, Middle)			
2. Present Address		City	State
			Zip Code
3. Home Telephone Number		Work Telephone Number	4. Social Security Number

In compliance with the Federal Privacy Act of 1974, the disclosure of your social security number is voluntary. The social security number is used for record keeping.

5. DO YOU CLAIM VETERAN'S PREFERENCE? NO YES - Attach Report of Separation DD-214
 DO YOU CLAIM DISABLED VETERAN'S PREFERENCE? NO YES - Attach Current VA Disability Certification and Report of Separation DD-214

VETERAN ELIGIBILITY: You must be a North Dakota resident and have served in the active military forces during a period of war as established in the North Dakota Century Code 37-01-40, or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released therefrom under honorable conditions. Applicants claiming veteran's preference must attach a copy of REPORT OF SEPARATION DD214. Disabled veterans must also include a letter less than one year old from the Veteran's Administration indicating such disability.

6. Did you graduate from high school? NO YES
 If you are not a high school graduate, do you have a GED Equivalency Certificate? NO YES

COLLEGE, UNIVERSITY, NURSING SCHOOL, BUSINESS COLLEGE, VOCATIONAL SCHOOL, OR ANY OTHER SCHOOL YOU HAVE ATTENDED:

NAME AND LOCATION	NUMBER OF CREDITS EARNED		FIELD		TYPE OF DEGREE
	QTR.	SEM.	MAJOR	MINOR	

Provide information on education/training you have which is not covered above. Indicate special skills you possess; languages you speak, write or understand; voluntary and unpaid work experience, etc. Also, list any professional license you currently hold.

ARREST RECORD

7. Have you ever been charged, posted bond or convicted in court for any traffic or criminal violation of the law in a federal, state, or civil court?
 NO YES-If "YES" - complete details below:

STATE	PLACE	CHARGE	DISPOSITION

8. YOUR EMPLOYMENT HISTORY: Be specific. This information may be used to determine if your application will be accepted. Start with your present, or most recent job. Include armed forces service and any self-employment. Indicate any change of job title under the same employer as a separate position. If you need additional space, attach separate sheets using this same format.

Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
Kind of Business		
City	State	
Your Title		
Name of Your Immediate Supervisor	Title	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	
FROM (Month and Year)	TO (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	
Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
Kind of Business		
City	State	
Your Title		
Name of Your Immediate Supervisor	Title	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	
FROM (Month and Year)	TO (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	
Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
Kind of Business		
City	State	
Your Title		
Name of Your Immediate Supervisor	Title	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	
FROM (Month and Year)	TO (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	

<p>12. Have you ever been present where controlled substances such as marijuana, amphetamines, barbituates, hallucinogenics, hashish, cocaine, opiates, etcetera, were being used?</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES
<p>Explain how many occasions, months and dates of last use.</p>	
<p>13. Would you have any reluctance to strictly enforce any and all laws regulating the controlled substances previously mentioned?</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES
<p>14. Have you ever pled or been found guilty of a felony or ever been charged with a felony that was later dismissed under a deferred imposition of sentence?</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES
<p>If yes, explain:</p>	
<p>15. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of North Dakota, or of seeking to alter the form of government of the United States or the State of North Dakota by unconstitutional means?</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES
<p>16. Do you have any objection to a thorough background investigation being made on you, to include copies of your fingerprints being submitted to the FBI for examination?</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES

17. CERTIFICATION AND AGREEMENT: PLEASE READ BEFORE SIGNING

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be removed from the job after appointment. I understand that under State and Federal laws, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical or mental disability or status with respect to marriage or public assistance. I further understand that this employment application and other employment related documents I may have been furnished are not contracts of employment; also, that any oral or written statements to the contrary are hereby expressly disavowed. The employer has my authorization to thoroughly investigate my work and personal history which is job-related. I certify that I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.

Signature of Applicant:	Date:
-------------------------	-------

ALL INFORMATION IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The North Dakota Office of Attorney General is an equal employment opportunity agency. We do not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and complies with the provisions of the North Dakota Human Rights Act.

POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY

The North Dakota Office of Attorney General does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. The Administrative Services Commander, NDHP, 600 E. Boulevard, Bismarck, ND 58505 has been designated to coordinate compliance with the non-discrimination requirements contained in section 35.107 of the Department of Justice regulations. Information concerning the provisions of the Americans with Disabilities Act, and the rights provided thereunder, are available from the ADA coordinator.

MAIL APPLICATION TO

Office of Attorney General
600 E Boulevard Ave Dept 125
Bismarck ND 58505-0040

Referral Source

Employment Agency
 Television
 Poster
 Newspaper
 Internet

Attorney General Employee(s) _____

Other (Explain) _____

APPLICANT DATA RECORD

(Completion of this form is voluntary)

Please Print

Qualified applicants are considered for all positions, and during employment employees are treated without regard to race, color, religion, sex, national origin, age, or marital or veteran status.

As employers, we comply with government regulations and affirmative action responsibilities.

This data is for periodic government reporting and will be kept in a File SEPARATE from the Application for Employment.

Position Applied For:	Application Date:
-----------------------	-------------------

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. These data are for analysis and affirmative action only.

PLACE AN "X" OR CHECK IN THE APPROPRIATE BOXES

Sex		Handicapped		Ethnic Origin			Asian/Pacific Islander	American Indian		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Caucasian <input type="checkbox"/> 1	Black <input type="checkbox"/> 2	Hispanic <input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
Veteran Service		Beginning Date		Ending Date		Disabled Veteran	Percent Disabled		Surviving Spouse	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		