



SARGENT COUNTY
 355 Main Street, Forman, ND 58032

Employment Application

HR Director

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have a current driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, What State was it issued?
What class of driver's license to you possess?			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship

Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS ADDRESSES FOR PAST 10 YEARS
ADDRESS
ADDRESS
ADDRESS
ADDRESS
ADDRESS
ADDRESS

ALL APPLICANTS: ANSWER EVERY QUESTION BELOW: If you answer YES, provide additional information or attach a separate page explaining you answer (write your name on top of the form). Disclose ALL information requested. **FAILURE TO DISCLOSE INFORMATION IS A "MATERIAL MISSTATEMENT" AND WILL RESULT IN DENIAL OF YOUR APPLICATION.**

- Are you currently under indictment, charged with a crime or awaiting sentencing for a crime in any court? Yes No
- Are you a FUGITIVE FROM JUSTICE? Yes No
- Is there **CURRENTLY** a PROTECTION/RESTRAINING ORDER against you? Yes No
- Have you ever had your RIGHT TO POSSESS/CARRY A FIREARM RESTORED? Yes No
- Has the FBI NICS Section issued you a VOLUNTARY APPEAL FILE UPIN NUMBER? Yes No
- Have you ever RENOUNCED your United States citizenship, or are you an alien illegally in the US? Yes No

SPECIAL SKILLS AND QUALIFICATIONS FOR THIS POSITION:

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

VETERAN'S PREFERENCE

VETERAN	<input type="checkbox"/> NO	<input type="checkbox"/> YES – MUST ATTACH DD-214, REPORT OF SEPARATION.
DISABLED VETERAN	<input type="checkbox"/> NO	<input type="checkbox"/> YES – MUST ATTACH DD-214, REPORT OF SEPARATION, & A LETTER LESS THAN ONE YEAR OLD FROM THE VA INDICATING DISABILITY.
SPOUSE OF DISABLED VETERAN	<input type="checkbox"/> NO	<input type="checkbox"/> YES – MUST ATTACH DD-214, REPORT OF SEPARATION, & A LETTER LESS THAN ONE YEAR OLD FROM THE VA INDICATING DISABILITY.
SPOUSE OF DECEASED VETERAN	<input type="checkbox"/> NO	<input type="checkbox"/> YES – MUST ATTACH DD-214, REPORT OF SEPARATION, & VETERAN'S DEATH CERTIFICATE.

Veteran Eligibility: You must be a ND 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 discharge conditions. See NDCC 37-19-1.02.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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 a background check, drug and alcohol screening, and motor vehicle record verification.

Signature

Date

CONFIDENTIAL

BACKGROUND CHECK AUTHORIZATION

Print Name _____
(First) (Middle) (Last)

Former Name(s) and Dates Used _____

Current Address Since: _____
(Mo/Yr.) (Street) (City) (Zip/State)

Previous Address from: _____
(Mo/Yr.) (Street) (City) (Zip/State)

Previous Address from: _____
(Mo/Yr.) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Sargent County and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences: employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Sargent County or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm corporation, or public agency may have, to include information or data received from other sources.

Signature: _____ Date: _____

**Sargent County and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.