

City of Halliday

PO Box 438

Halliday, ND 58636

Application for Employment

Position Title applying for _____

PERSONAL CONTACT INFORMATION		
Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Telephone Number	Alternate Telephone Number	E-mail
AVAILABILITY INFORMATION		
Check if you are willing to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours willing to work From: _____ To: _____	Check the days you are willing to work <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DRIVERS LICENSE INFORMATION		
Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License Type		Issuing State
Endorsement(s) <input type="checkbox"/> Air Brakes <input type="checkbox"/> Tanker		
EDUCATIONAL BACKGROUND INFORMATION		
Highest Grade Completed		
Name of School	Course of Study	Degree
OCCUPATIONAL LICENSE/CERTIFICATES		
Certificate Name	Organization	Completion Date

WORK HISTORY (PLEASE COMPLETE THIS SECTION STARTING WITH YOUR PRESENT OR MOST RESENT JOB)		
1. Company	City	State
Job Title	Name & phone number of supervisors	
Duties		
Equipment Operated		
Date Started	Date Ended	Salary
Reason for Leaving		
2. Company	City	State
Job Title	Name & phone number of supervisors	
Duties		
Equipment Operated		
Date Started	Date Ended	Salary
Reason for Leaving		
3. Company	City	State
Job Title	Name & phone number of supervisors	
Duties		
Equipment Operated		
Date Started	Date Ended	Salary
Reason for Leaving		
4. Company	City	State
Job Title	Name & phone number of supervisors	
Duties		
Equipment Operated		
Date Started	Date Ended	Salary
Reason for Leaving		

REFERENCES

List three individuals who are not related to you and are not previous employers

Name	Address	Telephone #

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

By signing and submitting this application I give the City of Halliday permission to perform an optional background check for the purpose of employment. 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.

Signature of Applicant

Date

-EQUAL OPPORTUNITY EMPLOYER-

The City of Halliday does 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.

FOR OFFICE USE ONLY

Interviewed by: _____ Date Hired: _____ Yes: _____ No: _____

Position: _____ Salary: _____ Start Date: _____

Interviewers Comments: _____

