

# Application for Employment

Wells County  
700 Railway St. N  
Fessenden, ND 58438

**\* Follow instructions carefully**  
**\* Provide detail – do not use “see resume”**  
**\* If accommodation or assistance is needed in completing this application, contact the employing agency.**

**\* Print or type**  
**\* Check for errors & signature before submitting**

Position applying for:

Department:

## General Information

Name: (Last, First, Middle Initial)	WorkTelephone	HomeTelephone	Email Address
Mailing Address	City	State	Zip Code
Other names you have used (i.e. maiden name)			
How did you learn about this opening?			
Are you related to a member of the County Board of Commissioners or County employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, to whom and relationship?			
Date available to work:	What is your desired salary?		
Are you available to work(check if you are willing to accept): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work			

## Veteran's Preference

Veteran Eligibility: You must be a North Dakota 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 there from under honorable conditions. See North Dakota Century Code 37-19.1

Do you claim preference as a:

Veteran ☐ No ☐ Yes – Attach DD-214, Report of Separation  
(Excludes tours of active duty for training in Reserve or National Guard.)

Disabled Veteran ☐ No ☐ Yes – Attach DD-214 & letter less than 1 yr. old from veterans' administration indicating disability

Spouse of Disabled Veteran ☐ No ☐ Yes – Attach copy of marriage certificate, DD-214, & letter less than 1 yr. old from veterans' administration indicating disability

Spouse of Deceased Veteran ☐ No ☐ Yes – Attach copy of marriage certificate, DD-214, & veteran's death certificate

### Education and/or Training

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SCHOOL NAME AND LOCATION: (college, business, nursing, vocational, or other)	Course of Study	Last Year Completed	Did you graduate?	Diploma or Degree earned
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Driver License Information

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number:
Class:	Issuing State:

### Employment History:

(Provide detail; do not use "see resume.")

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete pages 3 and 4 if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
1.	Employer:	Telephone Number:	Supervisor's Name:
Type of Business:		Address:	
Your Job Title:		Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
Duties:			
Monthly Salary:		Reason for Leaving:	

2.	Employer:	Telephone Number:	Supervisor's Name:
Type of Business:		Address:	
Your Job Title:		Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
Duties:			
Monthly Salary:		Reason for Leaving:	
If still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			

<b>3.</b>	Employer:	Telephone Number:	Supervisor's Name:
Type of Business:		Address:	
Your Job Title:	Dates Employed (indicate months & years) From:                      To:		Average Hours Worked Per Week
Duties:			
Monthly Salary:		Reason for Leaving:	
If still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			

Go on to next page if you have additional employment history.

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that Wells County is an **At Will Employment** agency and this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.

Applicant's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

All information provided is subject to the North Dakota Open Records Law

#### **Equal Opportunity Employer**

Wells County 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.

<b>Name:</b>
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### Additional Employment History:

<b>4.</b>	Employer:	Telephone Number:	Supervisor's Name:
Type of Business:		Address:	
Your Job Title:	Dates Employed (indicate months & years) From:                      To:		Average Hours Worked Per Week
Duties:			
Monthly Salary:		Reason for Leaving:	

<b>5.</b>	Employer:	Telephone Number:	Supervisor's Name:
Type of Business:		Address:	
Your Job Title:	Dates Employed (indicate months & years) From:                      To:		Average Hours Worked Per Week
Duties:			
Monthly Salary:		Reason for Leaving:	