

Ransom County Job Application

204 5th Avenue West
Lisbon, ND 58054

* Follow instructions carefully * Provide detail - do not use "see resume" * Check for errors before submitting
* Print or type * If accommodation or assistance is needed in completing this application, contact the employing agency.

GENERAL INFORMATION (Please print or type):

Name (Last, First, Middle Initial)			Home Telephone No.	
Mailing Address			Work Telephone No.	
City	State	Zip Code	E-mail address	
			Cell Phone No.	
Are you either a U.S. citizen or an alien authorized to work in the U.S.A.?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide proof, if hired, that you are eligible to work in the U. S. A.?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you learn about this opening?				

POSITION(S) APPLYING FOR: TYPE OF EMPLOYMENT YOU WILL ACCEPT:

First Choice:	Check all that apply below:	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
Second Choice:		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
		<input type="checkbox"/> SHIFTS	

VETERAN'S PREFERENCE (NDCC 37-19.1)

Veteran's Preference?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Must Attach Report of Separation DD-214
Disabled Veteran's Preference?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Must attach DD-214, Report of Separation & a letter less than one year old from Veteran's Administration indicating disability.
Spouse of 100% Disable Veteran?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Must attach copy of marriage certificate, DD-214, & letter less than one year old from Veteran's Administration indicating disability.
Spouse of Deceased Veteran	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Must attach copy of marriage certificate, DD-214, & 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 conditions. See ND 37-19.1.

EDUCATION AND/OR TRAINING:

Did you graduate from high school or receive a GED Certificate?		Yes			
School Name & Location (College, business, nursing, vocational, other)	No. of Credits		Did you graduate?		Diploma/ Degree
	QTR.	SEM.	MAJOR	MINOR	
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other education/training/skills:

Skills: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate or expert)

Current professional license/certificate/registration & any Related volunteer Experience:

Description: _____ #: _____ Date Issued _____ Exp. Date _____
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YOUR EMPLOYMENT HISTORY:

- * 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.
- * **ATTACH EXTRA SHEETS** using the same format if you have additional employment history.

May we contact your current employer for a reference?			Yes	No	Not applicable
Employer		Telephone No.	Supervisor's Name		
Type of Business	Address				
Your Job Title	Dates Employed(indicate months&years) From: TO:		Average Hrs Worked Per Week:		
Duties:					
Monthly Salary		Reason for leaving			

May we contact this employer for a reference?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Not applicable
Employer		Telephone No.	Supervisor's Name				
Type of Business	Address						
Your Job Title	Dates Employed(indicate months&years) From: TO:		Average Hrs Worked Per Week:				
Duties:							
Monthly Salary		Reason for leaving					

May we contact this employer for a reference?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Not applicable
Employer		Telephone No.	Supervisor's Name				
Type of Business	Address						
Your Job Title	Dates Employed(indicate months&years) From: TO:		Average Hrs Worked Per Week:				
Duties:							
Monthly Salary		Reason for leaving					

References:

Please list the names, addresses, and phone numbers of three work-related references who have definite knowledge of your qualifications, skills, and abilities to perform the position you are applying for.

Name of Reference _____	Title _____
Address _____	Phone Number _____
Name of Reference _____	Title _____
Address _____	Phone Number _____
Name of Reference _____	Title _____
Address _____	Phone Number _____

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.

As an applicant for employment with Ransom County, I understand that a background check may be completed. All background checks will be completed as directly related to the available position that I am applying for. I hereby waive and release Ransom County, its officers, employees, and agents, both in their official and individual capacities from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information.

If I become employed with Ransom County, employment can be terminated with or without cause and with or without notice at the option of either the employee or Ransom County.

Signature of Applicant: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER: Ransom 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.

All personnel records, EXCEPT personal health and medical records are subject to the North Dakota open records laws.