



Emmons County Sheriff's Office

P.O. Box 159, Linton, ND 58552

Application for Employment

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

Position(s) applying for:

General Information

Name (Last, First, Middle Initial) _____ Work Telephone No. _____ Home Telephone No. _____ Cell phone No. _____

Mailing Address _____ City, State, Zip _____ Email Address _____

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Have you ever been convicted or charged of a crime other than a minor traffic violation? Yes No

If yes, please explain _____
(Convictions are not an absolute bar to employment, but will be considered in relationship to the job requirements.)

Veteran's Preference

- Veteran No Yes—Must attach DD-214, Report of Separation.
- Disabled Veteran No Yes—Must attach DD-214, Report of Separation & a letter less than one year old from the Veteran's Administration indicating disability..
- Spouse of Disabled Veteran No Yes—Must attach copy of marriage certificate, DD-214, & a letter less than one year old from the Veteran's Administration indicating disability.
- Spouse of Deceased Veteran No 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 NDCC 37-19.1.

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

School Name and Location (college, business, nursing, vocational, or other)	No. of Credits		Field of Study		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or degree earned
	Qtr	Sem	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you related to a member of the Emmons County Board of Commissioners or other County Employee? Yes No
If yes, to whom? _____

If the position you are applying for involves operation of a motor vehicle, please provide the following information:

- a) Have you received any moving violations in the last 3 years? Yes No
- b) If yes, please explain: _____
- c) Please indicate classification and state of valid driver's licenses held: A B C D M Other: _____ State: _____

Note to Applicants: Do not answer this question unless you have been informed or are aware about the essential functions of the job for which you are applying.

Are you capable of performing, with or without reasonable accommodations, the essential function involved in the job for which you have applied? Yes No (A brief description of the activities involved in such a job is available upon request)

How did you learn about this opening? _____

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 page 3 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		
Employer	Supervisor's Name	Supervisor's Telephone No.
Type of Business	Address	
Your Job Title	Dates Employed (indicated months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:		
Monthly Salary	Reason for Leaving	

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Type of Business	Address	
Your Job Title	Dates Employed (indicated months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:		
Monthly Salary	Reason for Leaving	

Employer	Supervisor's Name	Supervisor's Telephone No.
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Your Job Title	Dates Employed (indicated months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:		
Monthly Salary	Reason for Leaving	

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. I authorize Emmons County to contact my references and verify the information that is obtained. I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that 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. I hereby acknowledge that if offered a position with Emmons County, my appointment will include a probationary period of a minimum of six months.

Applicant's Signature _____ Date _____

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

Equal Opportunity Employer

Emmons 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.

Name:

Additional Employment History (Provide detail; Do not use "See Resume")

Employer	Supervisor's Name	Supervisor's Telephone No.
Type of Business	Address	
Your Job Title	Dates Employed (indicated months & years) From: To:	Average Hours Worked Per Week
Duties:		
Monthly Salary	Reason for Leaving	

Employer	Supervisor's Name	Supervisor's Telephone No.
Type of Business	Address	
Your Job Title	Dates Employed (indicated months & years) From: To:	Average Hours Worked Per Week
Duties:		
Monthly Salary	Reason for Leaving	

Employer	Supervisor's Name	Supervisor's Telephone No.
Type of Business	Address	
Your Job Title	Dates Employed (indicated months & years) From: To:	Average Hours Worked Per Week
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**INFORMATION RELEASE AUTHORIZATION
FOR EMPLOYMENT CONSIDERATION**

Emmons County, State of North Dakota

General Instructions:

****Hiring authorities may provide a copy of this completed release form to reference and/or criminal background records check sources when checking an applicant's references or background.**

I. To Be Completed by the Hiring Authority		
Agency: Emmons County Sheriff's Office	Telephone: 701-254-4411	Fax: 701-254-5311
Address: P.O. Box 159		
City: Linton	State: ND	Zip: 58552
Type of Background Check to be Conducted: <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Personal and/or Professional <input checked="" type="checkbox"/> Credit <input checked="" type="checkbox"/> Criminal Background Records Check		
II. To Be Completed by Applicant		
Last Name:	First Name:	Middle Name:
Other Name(s) Used <i>(Maiden, Former, AKA, Etc.)</i> :		
Last Name:	First Name:	Middle Name:
Birth Date: <i>(Required for criminal background check)</i>	Social Security Number:	
Current Address:		
City:	State:	Zip:

As an applicant for employment with Emmons County, I understand that a background records check may be completed. All background checks will be completed as directly related to the available position. I hereby waive and release Emmons 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.

In addition, in order to provide Emmons County with information and opinion that may be useful to Emmons County in its hiring decision, I hereby authorize any person, school, current or former employer, organization, or entity disclosed in my resume, application, or interview process to provide any information regarding me. This information and opinion may include but is not limited to my dates of employment, job title and classification, compensation history, reasons for leaving, job-related knowledge and skills, job performance, attendance record, disciplinary action and general character. I understand that the information and opinion provided about me may be negative or positive. I unconditionally release each person, school, employer, organization or other entity who provides information or opinion regarding myself from any and all legal liability from damages that may result from furnishing such information and in making such statements. This release supercedes any agreement or contract I may have previously made to the contrary with any such person, school, employer, organization, or other entity. I further release Emmons 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 use or disclosure of such information.

A photocopy of this signed release shall have the same force and effect as the original release executed by me below.

Applicant's Signature:	Date:
Witness Signature:	Date: