



Application for Employment

Minot Park District

420 3rd Ave SW

Minot, ND 5870

Office: 701-857-4136

Fax: 701-857-4769

Email: info@minotparks.com

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Cell Phone: (____) _____ - _____			
Email:			
Are you 18 or over? ____Yes ____No	Referred By		
Position Applying For		Date Available to Work	
Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			
Election of Veteran's Preference			
Do you wish to claim a veteran's preference? ____Yes ____No If so, please check the preference you are claiming.			
____ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).			
____ Disabled Veteran (a veteran having a compensable service-connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).			
____ Spouse of deceased veteran.			
____ Spouse of disabled veteran who is unable to use preference due to disability.			
Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.			
Signature			Date

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

License/Certification	State	Profession	License/Certification #	Exp. Date

References Please list names of supervisors, managers, or others who can comment directly on your abilities:

Name	Address	Phone #	Relationship/Occupation	Years Known

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date



**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS
(IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING)**

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as apart of screening and hiring process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or confirmed employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer-reporting agency. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law. The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

PLEASE PRINT LEGIBLY IN BLOCK CAPITAL LETTERS

Printed Full Name of Applicant: _____

Other Names Used & Date Changed: _____
(Including Maiden Name) (Year Changed)

Telephone Number/s: _____

Current Address: _____
(Mon/Year) (Street) (City) (State) (Zip)

Previous Address: _____
(Mon/Year) (Street) (City) (State) (Zip)

Previous Address: _____
(Mon/Year) (Street) (City) (State) (Zip)

Social Security # _____ - _____ - _____ Date of Birth: _____ / _____ / _____ (Month/Day/Year)

Driver's License # _____ State _____

Professional License/s: _____ State: _____ Type: _____ Number: _____

Have you ever been charged or convicted of a Misdemeanor or Felony crime? Yes _____ No _____

If yes, please explain in some detail, including what county and state, and in what year: _____

I hereby authorize Minot Park District and/or Global Safety Network and their agents, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limed to, credit, criminal, motor vehicle date and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photo copy of this document may be substituted for the original.

Signature of Applicant: _____ Date: _____ / _____ / _____

MN/CA/OK Residents Only: Do you wish to receive a copy of your consumer report? Yes _____ No _____

- **If the Applicant is 17 years of age or younger, the signature of a parent or legal guardian will be required.**

Signature of Parent/Guardian: _____ Relation: _____ Date: _____ / _____ / _____