

City of Watford City 213 2nd St NE / P.O. Box 494

213 2nd St NE / P.O. Box 494 Watford City, North Dakota 58854 (701) 444 – 2533

http://watford.mckenziecounty.net

The City of Watford City is an Equal Employment Opportunity Employer.

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or physical disability, or any other legally protected status.

Position(s) Appli	ied For:		Date of Application:					
La	ast Name,	First Name,			Middle			
Address		City	State	Zip	Zip			
()	or () Telephone Number(s):		En			mail Address		
Best time to cont	tact you at home is:			::::	AM	PM		
Do you currently	have a valid Driver's License	e? Yes No	_ License Cl	ass				
Proof of citizenship	ed from lawfully becoming en	ed upon employment	•	Yes	No			
	led or been convicted of a felorion of sentence?							
Do any of your f	riends or relatives work here?			Yes	No			
Date available to	work:	What is you	ur desired sala	ry?				
Are you availabl	e to work: Full Tim	ne Part Ti	meT	emporary	Season	al		
DUCATIO	ON AND TRAINING	,						
	Name and Address of School	Course of Study	No. of Years Completed	Diploma/D	Diploma/Degree			
High School								
College						7		
Graduate Professional								
Other(Specify)								
Describe any s training, apprentic and extra-curricul	ceship, skills,					_		

EMPLOYMENT EXPERIENCE

List all present and past employment, beginning with your most recent. Employer____ Work Performed: Telephone Number (s)_____ Job Title _____ Supervisor____ Employed from:______ to Hourly Rate Salary: Reason for Leaving _____ Beginning: Ending: Employer 2 Work Performed: Telephone Number (s)_____ Job Title _____ Supervisor Employed from: to_____ Hourly Rate Salary: Reason for Leaving Beginning: Ending: Work Performed: Employer 3 Telephone Number(s)_____ Job Title _____ Supervisor_____ Employed from: to______ Hourly Rate Salary: Beginning: Ending: Reason for Leaving Work Performed: Employer 4 Telephone Number (s) Job Title_____ Supervisor Employed from: _____to____ Hourly Rate Salary: Reason for Leaving Beginning: Ending: List professional, trade, business, or civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

ADDITIONAL INFORMATION

Military Information	
Have you served in the Armed Forces of the United States?YesNo	
Are you claiming Veteran's Preference under North Dakota Statue? Yes No (You must submit a DD214 verifying each claim) Are you claiming status of a disabled veteran? Yes No (A copy of your letter from the VA claiming disability must be attached to this application.)	
Describe any job-related training received in the United States Military:	_
Other Qualifications Summarize anguist ich related skills and qualifications acquired from ampleument or other average anguistics.	_
Summarize special job-related skills and qualifications acquired from employment or other experience.	_
	_
Specialized Skills (Check Skills/Equipment Operated)	_
Word Files/Recordkeeping <u>Machinery</u> (list) <u>Other</u> (list) Excel GIS	
Typing Data Entry WPM	_
Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS THE JOB FOR WHICH YOU ARE APPLYING:	OF
Are you capable of performing in a reasonable manner with or without a reasonable accommodation, the activities involved in the job or occupations for which you have applied? A review of the activities involved in such a job occupation has been givenYesNo	
Supply any additional information you feel may be helpful to us in considering your application.	
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REFERENCES

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١.	Name		(Phone N	umber			
1								
	Address	City		State				
	Address	City		State	Zip			
			()				
2	Name			Phone Number				
	Address	City		State	Zip			
			(,				
	Name		(
3								
	Address	City		State	Zip			
APPLICANT'S STATEMENT								
I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. All information provided is subject to North Dakota Open Records Law. I understand this application for employment shall be considered active for a period of one year. Should I wish to be considered for employment beyond this time period I will 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 the City of Watford City is of an "at will" nature, which means that the Employee may resign at any time and the City of Watford City 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 the City of Watford City.								
All employees will be subject to a pre-employment drug test.								
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 that I will also be required to abide by all rules and regulations of the City of Watford City.								
	Signature of Applicant			Date				