

**APPLICATION FOR EMPLOYMENT WITH THE CITY OF CASSELTON**

**PERSONAL INFORMATION:**

Name \_\_\_\_\_  
Last First MI

Present Address \_\_\_\_\_  
Address/Box City State ZIP Code

Permanent Address \_\_\_\_\_  
Address/Box City State ZIP Code

Phone # \_\_\_\_\_ Message# \_\_\_\_\_ Drivers License # \_\_\_\_\_ DL Class \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Name Phone # Relationship

**GENERAL INFORMATION:**

Position sought (be specific): \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary or wage expected: \_\_\_\_\_

Hours available to work: Please fill in the times you are available for work each day  
Sunday Monday Tuesday Wednesday Thursday Friday Saturday

From \_\_\_\_\_ To \_\_\_\_\_

Circle if you are willing to accept: Full-Time Part-Time Shift Work  
Permanent Temporary Seasonal

Special skills abilities/certificates/license(s)/equipment operated \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently employed? Y N If yes, may we contact your present employer? Y N

**EDUCATION/TRAINING:**

Circle highest grade completed: 7 8 9 10 11 12 GED 13 14 16 17 18

Name of school	Course of study	Degree, Certificate, Occupational License
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(EDUCATION/TRAINING cont'd)**

Subjects of special study or research work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other qualifications which should be considered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY INFORMATION**

Are you a 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 status.

Spouse of Disabled Veteran? No Yes Must attach copy of marriage certificate, DD-214, and a letter less than one year old from the Veterans Administration indicating disability status.

Spouse of Deceased Veteran? No Yes Must attach copy of marriage certificate, DD-214, and veteran's death certificate.

Branch: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ To \_\_\_\_\_

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.

**PLEASE COMPLETE THE WORK HISTORY SECTION STARTING WITH YOUR PRESENT OR MOST RECENT JOB FIRST:**

A. Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ What did you do? \_\_\_\_\_

Equipment operated: \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Gross Pay \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving? Layoff \_\_\_ Quit \_\_\_ Fired \_\_\_ Still Employed \_\_\_ Other \_\_\_

B. Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ What did you do? \_\_\_\_\_

Equipment operated: \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Gross Pay \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving? Layoff \_\_\_ Quit \_\_\_ Fired \_\_\_ Still Employed \_\_\_ Other \_\_\_

**(WORK HISTORY cont'd):**

C. Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Job Title \_\_\_\_\_ What did you do? \_\_\_\_\_

Equipment operated: \_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Gross Pay \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving? Layoff \_\_\_\_\_ Quit \_\_\_\_\_ Fired \_\_\_\_\_ Still Employed \_\_\_\_\_ Other \_\_\_\_\_

Please summarize any other work history you may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Please list below three individuals who are not related to you and are not previous employers

Name	Address	Phone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

***By signing and submitting this application you: 1) swear that all of the information on the application is true, and understand that any omission or false information will be grounds for rejection of the application or grounds for later termination if hired; 2) give the City of Casselton permission to contact your work and personal references and perform a background check for the purpose of employment. NOTE: Employment with the City of Casselton is at will; drug and alcohol pre-employment testing is required and a Drug Free Workplace Standard is followed.***

**DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: Y N

Position: \_\_\_\_\_ Salary \_\_\_\_\_ Date Starting: \_\_\_\_\_

Interviewer Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_