

# APPLICATION FOR EMPLOYMENT

**McLean County Courthouse  
P.O. Box 1108  
Washburn, ND 58577**

**FOR OFFICE USE ONLY**

Position Applied For  
\_\_\_\_\_

(Please Print or Type)

## GENERAL INFORMATION

Last Name			First	Middle	Social Security Number		Date of Application
Present Address (street-number-city-state-zip)							Telephone Number
Are you willing to: Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available for Work	Minimum Salary Expected	
How did you learn about employment opportunities? <input type="checkbox"/> Weekly Newspaper <input type="checkbox"/> Daily Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Job Service <input type="checkbox"/> College Placement Office <input type="checkbox"/> Other _____							

## MILITARY DATA (U.S. only)

Branch of Service	Grade or Rating	Length of Service
Duties in Service (describe technical experience)		

## EDUCATION

Grade School		High School				Voc/Bus				College				Graduate											
Circle highest grade completed:		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Name and location of last grade or high school attended												Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No													
If not a high school graduate, do you have a certificate of equivalency (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No						Give place of issue of GED certification																			
Give Name and City of Vocational, Business School or Colleges Attended						Major Field				Minor Field				Degree Awarded											
List Additional information such as certificates or licenses held, correspondence course, or special skills																									
Office Machines and/or Equipment																									

**EQUAL OPPORTUNITY EMPLOYER**

## VOLUNTEER WORK EXPERIENCE

Describe any pertinent volunteer and unpaid work experience. (Please indicate your responsibilities, size of operation, time devoted to activity per month, and dates during which work occurred.)

## EMPLOYMENT HISTORY

Begin with your PRESENT or last job and described each period of employment as indicated. Attach an additional sheet if necessary.

L A S T  O R  P R E S E N T  E M P L O Y E R	Name of Employer: _____ Address of Employer: _____ Your Job Title or Classification: _____ Job Duties: _____ Reason for Leaving: _____ If you still work here, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: (Mo) _____ (Yr) _____ to (Mo) _____ (Yr) _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hrs. per week: _____ Monthly salary: (starting) _____ (ending) _____ Supervisor's Name: _____ Supervisor's Title: _____
	Name of Employer: _____ Address of Employer: _____ Your Job Title or Classification: _____ Job Duties: _____ Reason for Leaving: _____	From: (Mo) _____ (Yr) _____ to (Mo) _____ (Yr) _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hrs. per week: _____ Monthly salary: (starting) _____ (ending) _____ Supervisor's Name: _____ Supervisor's Title: _____
	Name of Employer: _____ Address of Employer: _____ Your Job Title or Classification: _____ Job Duties: _____ Reason for Leaving: _____	From: (Mo) _____ (Yr) _____ to (Mo) _____ (Yr) _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hrs. per week: _____ Monthly salary: (starting) _____ (ending) _____ Supervisor's Name: _____ Supervisor's Title: _____
	Name of Employer: _____ Address of Employer: _____ Your Job Title or Classification: _____ Job Duties: _____ Reason for Leaving: _____	From: (Mo) _____ (Yr) _____ to (Mo) _____ (Yr) _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hrs. per week: _____ Monthly salary: (starting) _____ (ending) _____ Supervisor's Name: _____ Supervisor's Title: _____

## REFERENCES

List three persons, not relatives or employers, who have knowledge of your character or ability.

Name	Address	City, State, Zip Code	Phone
1.			
2.			
3.			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application may be cause for cancellation of the application and/or separation from employment.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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