



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

Application for Employment

- Follow instructions carefully
- Print legibly
- Check for errors and signature before submitting
- Provide detail - do not use "See resume". Incomplete applications will be disqualified.
- Any questions or comments please contact Watford City Police Department at 701-842-2280

Position applying for:	I am applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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General Information

Name (Last, First, Middle Initial):		Email Address:	
Mailing Address:	City:	State:	Zip Code:
Work Telephone:	Home Telephone:	Cellular/Other Telephone:	Primary telephone number: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell
Can you provide proof, if hired, that you are eligible to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain: _____ <small>(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements)</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Lic. State: _____ Lic. Number: _____			
How did you learn about this opening?			
I am willing to work: <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime			

Veteran's Preference

Do you claim Veteran's Preference?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Must</i> attach DD-214, Report of Separation
Do you claim Disabled Veteran's Preference?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Must</i> attach DD-214, Report of Separation, & a letter less than 1 year old from the US Department of Veteran Affairs indicating disability
Spouse of Disabled Veteran?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Must</i> attach copy of marriage certificate, DD-214, & a letter less than 1 year old from the Department of Veteran Affairs indicating disability
Spouse of Deceased Veteran?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Must</i> 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.

Office Use Only:	
Received: _____	Reviewed by: _____
Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this time

Education and/or Training

➤ List ALL education past middle school. Provide a copy of all transcripts/certificates/diplomas earned.

Did you graduate from high school or receive a GED Certificate?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	No. of Credits		Field		Did you graduate?	Diploma or degree earned	
	Qtr.	Sem.	Major	Minor			

Other education/training/skills:

Computer skills (hardware & software):

Related volunteer experience:

License or Certification

- Provide all certificate and license information achieved
- Attach a copy of all certificates and licenses
- Use an attachment if more space needed

License/Certification	State	Profession	License/Certification #	Expiration Date

Employment History: (Provide details of all employment for the past 10 years; do not use “see resume”)
 Any change of job title under the same employer should be considered a separate position.
 Start with your current or last job – include armed forces service and self-employment. Use additional pages as needed.

May we contact your employers for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

1.	Employer:	Telephone #:	Supervisor’s name:
Type of Business:		Address:	
Your job title:		Dates Employed (indicate months & years): From: To:	Average hours worked per week:
Duties:			
Monthly Salary:		Reason for leaving:	

2.	Employer:	Telephone #:	Supervisor’s name:
Type of Business:		Address:	
Your job title:		Dates Employed (indicate months & years): From: To:	Average hours worked per week:
Duties:			
Monthly Salary:		Reason for leaving:	

3.	Employer:	Telephone #:	Supervisor’s name:
Type of Business:		Address:	
Your job title:		Dates Employed (indicate months & years): From: To:	Average hours worked per week:
Duties:			
Monthly Salary:		Reason for leaving:	

4.	Employer:	Telephone #:	Supervisor's name:
Type of Business:		Address:	
Your job title:		Dates Employed (indicate months & years): From: To:	Average hours worked per week:
Duties:			
Monthly Salary:	Reason for leaving:		

5.	Employer:	Telephone #:	Supervisor's name:
Type of Business:		Address:	
Your job title:		Dates Employed (indicate months & years): From: To:	Average hours worked per week:
Duties:			
Monthly Salary:	Reason for leaving:		

6.	Employer:	Telephone #:	Supervisor's name:
Type of Business:		Address:	
Your job title:		Dates Employed (indicate months & years): From: To:	Average hours worked per week:
Duties:			
Monthly Salary:	Reason for leaving:		

Residency

- Please provide your current address and your last three physical addresses along with any roommate information (if applicable).

May we contact your roommates for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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Current Physical Address:		City:	State:	Zip:
Roommate(s) name:			Phone number:	
1.	Previous Physical Address:	City:	State:	Zip:
Roommate(s) name:			Phone number:	
2.	Previous Physical Address:	City:	State:	Zip:
Roommate(s) name:			Phone number:	
3.	Previous Physical Address:	City:	State:	Zip:
Roommate(s) name:			Phone number:	

Professional References

- Provide three professional references we may contact

1.	Name:	Phone:	Company name:		
Company Address:		City:	State:	Zip:	Position:
2.	Name:	Phone:	Company name:		
Company Address:		City:	State:	Zip:	Position:
3.	Name:	Phone:	Company name:		
Company Address:		City:	State:	Zip:	Position:

Personal References

➤ Provide three personal references we may contact

1.	Name:	Phone:	Relationship:	
Address:		City:	State:	Zip:
2.	Name:	Phone:	Relationship:	
Address:		City:	State:	Zip:
3.	Name:	Phone:	Relationship:	
Address:		City:	State:	Zip:

Please provide a written statement of why you believe we should consider your application for employment:

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, and 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 written statements to the contrary are hereby expressly disavowed.

Applicant's Signature The Police Department must have the applicant's actual signature

Date

Criminal Background Check Consent Form

- Print legibly
- Read the consent statement before signing
- By refusing to complete this form you understand the Watford City Police Department will not be able to consider your application for employment

Name: _____ Date of Birth: _____
(Last, First, full Middle name, Suffix) (YYYY,MM,DD)

Previous Names or Aliases: _____

Gender: _____ Social Security Number: _____ Race: _____
(XXX-XX-XXXX)

Current Physical Address: _____
(Address, State, Zip)

Previous States Lived In (if applicable): _____

Driver's License State: _____ Driver's License Number: _____

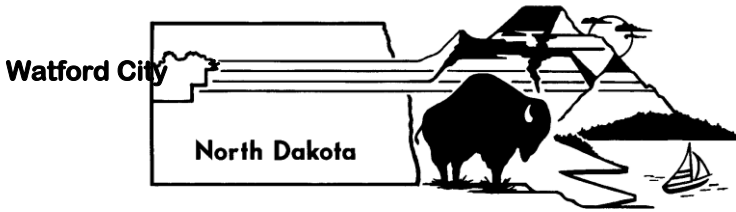
Previous State Drivers Licenses held (if applicable): _____

By signing this consent form you authorize the Watford City Police Department to conduct a full criminal and driving records check. Information provided on this consent form shall only be used to conduct a search of the Federal Bureau of Investigation criminal records databases along with any State's criminal and driving records.

I hereby authorize the Watford City Police Department to conduct a full criminal and driving records check:

(Sign)

(Date)



Chief Jesse Wellen
Watford City Police Department
1201 12th St. SE Ste. A / P.O. Box 283
Watford City, ND 58854
Telephone: (701) 842 - 2280
Fax: (701) 842 - 2495

General Authorization and Release

To: Previous employers and references,

I _____ have applied for employment with the Watford City Police Department. I hereby authorize and grant my informed consent to permit you, to release to and make available to the Watford City Police Department any information pertaining to my personal information, employment, history, work performance, background investigations, polygraph examinations, internal affairs investigations, and discipline, including any files which are deemed to be confidential and or sealed which concerns me and may be in your possession.

The data which I authorize to be released consists of private data and has been collected by you as a result of my contacts and associations with you and or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that I am not legally required to authorize this release of data.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the Watford City Police Department or to you of that fact.

Date: _____

Signature

DOB: _____

Printed Name