



City of Cavalier
 301 Division Ave N
 P.O. Box 750
 Cavalier, ND 58220
 Ph. 701.265.8800
 Fax 701.265.8720

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For:	Date of Application:
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Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

VETERAN'S PREFERENCE

Branch of Service	
Dates of Service	

To claim preference as a Veteran, 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 per NDCC 37-19.1. In Order to qualify, you must attach a DD-214 and, if applicable, Report of Separation, VA Letter Confirming Disability and/or a Marriage or Death Certificate.

Please select which preference you are claiming:			
Veteran	Disabled Veteran	Spouse of Disabled Veteran	Spouse of Deceased Veteran

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ Yes ___ No

Have you ever filed an application with us before? ___ Yes ___ No

Have you ever been employed with us before? ___ Yes ___ No

Do any of your friends or relatives, other than your spouse, work here? ___ Yes ___ No

Are you currently employed? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes ___ No

Are you available to work: ___ Full Time ___ Part Time ___ Temporary

What is your desired salary range? _____

Date available for work ____/____/____

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
College / Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u> From: To: Hourly Rate/Salary Starting: Final:	Work Performed:
Address		
Telephone Number		
Job Title		
Supervisor		
Reason For Leaving		May We Contact? ____ Yes ____ No
Employer	<u>Dates Employed</u> From: To: Hourly Rate/Salary Starting: Final:	Work Performed:
Address		
Telephone Number		
Job Title		
Supervisor		
Reason For Leaving		May We Contact? ____ Yes ____ No
Employer	<u>Dates Employed</u> From: To: Hourly Rate/Salary Starting: Final:	Work Performed:
Address		
Telephone Number		
Job Title		
Supervisor		
Reason For Leaving		May We Contact? ____ Yes ____ No

PERSONAL / PROFESSIONAL REFERENCES

(Do not include family members or past supervisors.)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

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.

This application for employment shall be considered active for a period not to exceed 45 days.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant

Date