CITY OF TIOGA

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied for Date of Application

How did you learn about this opening? ( ) Advertisement ( ) Friend ( ) Relative

( ) Employment Agency ( ) North Dakota Job Service ( ) Other: _____

Last Name First Name Middle Name

Address: Number Street City State Zip Code

Home Telephone Number(s) Cell-Telephone Number(s)

E-Mail

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 by us before? ___ Yes ___ No

Are you currently employed? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

Have you ever serves in the US Armed Forces, Reserves or National Guard? ___ Yes ___ No

Are you a protected verteran of the US? ___ Yes ___ No

Are you eligible to work in the United States?

___ Yes ___ No (Proof of identity and eligibility will be required upon employment)

On what date would you be available to start work? _____

Are you available to work: ___ Full Time ___ Part Time ___ Shift Work ___ Temporary/Seasonal

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

Have you had a felony conviction? ___ Yes ___ No

If yes, please explain: _____

(Conviction will not necessarily disqualify an applicant from employment)

Education / Training

Elementary School: _____ Number of Years Completed: _____

High School: _____ Years Completed: _____

Diploma: _____

College: _____ Years Completed: _____ Degree: _____

Majors / Minors: _____

Other (specify): _____

_____

Indicate which languages you are able to speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, experience, apprenticeships, skills, or licenses/certifications relevant to the job(s), for which you are applying

List your membership to any professional, trade, business or civic organizations relevant to the job(s), for which you are applying.

Employment Experience

Start with your present or last job.

Employer:		Dates Employed		
		From	To	Work Performed
Address:				
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		
		From	To	Work Performed
Address:				
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		
		From	To	Work Performed
Address:				
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				

References

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application, including contact of the references and employers listed above. I understand that any false or misleading statements in my application or interview may result in disqualification from employment or, if employed, termination. I understand this application for employment shall be considered active for a period of time not to exceed (45) days. I understand that completion of this application does not create any obligation for the City to hire me nor does it create any contract of employment between me and the City. I understand and acknowledge that all employment with the City of Tioga is "at will," which means that employees may terminate employment at any time and the City may similarly terminate employment with employees at any time, with or without cause or notice, for any lawful reason. I further understand that no representative of the City, other than the President of the City Commission, has authority to change this "at will" employment relationship. Any such change to the "at will" nature of employment must be in writing and signed by the President of the City Commission and employee. I understand that, if employed by the City, I am required to abide by all policies, rules, and regulations established by the City.

Signature of Applicant Date

RELEASE

I hereby authorize the North Dakota Department of Transportation to release my driving history record to the Office of the President of the City Commission of the City of Tioga, Williams County, North Dakota, for the purpose of an employment background check.

Signature

Name (Please Print)

Social Security Number

The City of Tioga is an equal opportunity employer. We will consider all qualified applicants without regard to race, color, religion, sex (including pregnancy, childbirth, and related disabilities), national origin, age, physical or mental disability, marital status, status with regard to public assistance, sexual orientation, gender identity, genetic information, participation in lawful activity off the employer's premises during nonworking hours which is not in direct conflict with the essential business-related interest of the employer, and any other class protected under federal, state, or local law. Smoking is prohibited in all City of Tioga facilities, vehicles, and within 20 feet of enclosed areas where smoking is prohibited, as required under North Dakota law. The City further complies with applicable federal and state law with respect to employment of individuals with disabilities. The City will provide reasonable accommodations to qualified individuals with disabilities to participate in the application process, to perform the essential functions of the job, and/or to receive other benefits and privileges of employment. Any individual requiring an accommodation should contact the City Auditor.

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **(City of Tioga)** may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Preble Medical Services, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before **(Preble Medical Services, Inc.)** can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

THIS DISCLOSURE IS FOR YOUR EMPLOYEES INFORMATION ONLY.
BACKGROUND CRIMINAL SEARCH ONLY WILL BE DONE

AUTHORIZATION

I, _____ (print your name here) have read and understand the foregoing Disclosure, and authorize **(City of Tioga)** to obtain and rely upon investigative background checks considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize **(Preble Medical Services, Inc.)** to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____do not_____ authorize you to do a background criminal check.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of **(City of Tioga).**

_____ _____
Printed Name Clearly Date

_____ _____
Applicant Signature Date

_____ _____
Parental or Legal Guardian Signature Date
(If applicant is under the legal age of 18 years old – must be signed by a Parent or Legal Guardian)

Personal Data *(PLEASE PRINT NEATLY)* **City of Tioga**

Last Name _____ First Name _____ Middle Name _____

Current Address **(include street, city, state and zip code)** _____ Dates Lived Here _____

Addresses for the Past SEVEN Years: (INCLUDE **street, city, state, zip code**) Dates of Residence:

_____ _____

_____ _____

_____ _____

Female or Male circle _____

Date of Birth_____

Maiden and/or
Other Names Used Years Used

Social Security Number _____ Driver's License # _____ State Issued _____

Email address (may be used for official correspondence) _____

I have the right to make a request to **Preble Medical Services, Inc.,** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Preble Medical Services, Inc.** has previously furnished within the two-year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Preble Medical Services, Inc. will perform only Criminal Background Check on this employee

Printed Name Clearly _____ Applicant Signature _____ Date _____