MERCER COUNTY APPLICATION FOR EMPLOYMENT PO Box 39 Stanton ND 58571 (701) 745-3292

 Follow instructions carefully Provide detail - do not use "see resume" If accommodation or assistance is needed in completing this application, contact the employing agency. 										
Position(s) applying for:										
General Information										
Name (Last, First, Middle Initial)			Work Telephone No.							
Mailing Address	City		State	Zip Code	Home Telephone No.					
Can you provide proof, if hired, that you are eligible to work in the United States?										
How did you learn about this opening?										
Veteran's Preference										
Veteran	☐ No	☐ No ☐ Yes - Must attach DD-214, Report of Separation								
Disabled Veteran	☐ No ☐ Yes - Must attach DD-214, Report of Separation, & a letter less									
Spouse of Disabled Veteran	□ No	than one year old from the Veteran's Administration indicating disability No Yes - <i>Must</i> attach DD-214, Report of Separation, & a letter less than one year old from the Veteran's Administration indicating disability								
Spouse of Deceased Veteran	☐ No ☐ Yes - <i>Must</i> attach DD-214, Report of Separation, & 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.										
Education and/or Training										
Did you graduate from high school or receive a GED Certificate?										
	No. of	No. of Credits		Field		Diploma or				
SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Qtr.	Sem.	Major	Minor	Did you graduate?	degree earned				
		***************************************			☐ Yes ☐ No					
					☐ Yes ☐ No					
					☐ Yes ☐ No	-				
Other education/training/skills:	······································			1		1				
Computer skills (hardware & software):										
Current professional license/certificate/registration:										
Related volunteer experience:										

Employment History:

- Start with your current or last job include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- ATTACH EXTRA SHEETS using the same format if you have additional employment history.

May we contact your current employer for a reference?		☐ No	☐ Not Applicable				
	Telephone No.		Supervisor's N	ame			
Addres	SS						
	Employed (indicate			Average Hours Worked Per Week			
Reason for Leaving							
20	Telephone No.		Supervisor's N	ame			
Addres	Address						
	Employed (indicate			Average Hours Worked Per Week			
Reason for Leaving							
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Addres	SS						
	Employed (indicate	mployed (indicate months & years) To:		Average Hours Worked Per Week			
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Reason for Leaving							
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I certify that all information contained in this application and any attachments are 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 or written statements to the contrary are hereby expressly disavowed.							
		Date					
	eason for Leaving Address Dates From: Dates From: Dates From: Dates From: Dates From: Parallel persons, companies, are presentation of my employment application and ot application application and ot application application and ot application and ot application and ot application and ot application application and ot application application and ot application and ot application application appli	Address Dates Employed (indicate From: Telephone No. Address Dates Employed (indicate From: Dates Employed (indicate From: Telephone No. Address Dates Employed (indicate From: Dates Employed (indicate From: Dates Employed (indicate From:	Telephone No. Address Dates Employed (indicate months & ye. From: To: Telephone No. Address Dates Employed (indicate months & ye. From: To: Dates Employed (indicate months & ye. From: To: Telephone No. Address Dates Employed (indicate months & ye. From: To: Dates Employed (indicate months & ye. From: To: Dates Employed (indicate months & ye. To: Dates Emp	Address Dates Employed (indicate months & years) From: To: To: Telephone No. Supervisor's N Address Dates Employed (indicate months & years) From: To: To: Telephone No. Supervisor's N Address Dates Employed (indicate months & years) From: To: To: To: To: To: To: To: To:			

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