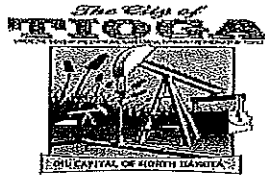


CITY OF TIOGA



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, sexual orientation and/or any other legally protected status.

(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)

Cel-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

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration "Status"?

___ Yes ___ No (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for 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)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education / Training

Elementary School: _____ Number of Years Completed: _____
 High School: _____ Years Completed: _____
 Diploma: _____
 College: _____ Years Completed: _____ Degree: _____
 Majors / Minors: _____
 Other (specify): _____

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities

List Professional, Trade, Business or Civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other professional status:</i>

Employment Experience

Start with your present or last job. Include any job-related military service assignments or volunteer activities. (You may exclude organizations which indicate gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
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 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 of time not to exceed (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Commission.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Tioga, Williams County, North Dakota.

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

Driver's License Number

Copies of this form should be considered valid waivers.

APPLICATION FOR REASONABLE ACCOMMODATION

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your ability to do the job. However, if you want the City to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation which you believe would be appropriate.

Applicant's Signature

Date

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

Date

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