

# Pembina County Sheriff's Dept. Employment Application

308 Courthouse Dr. #2, Cavalier, ND 58220

## INSTRUCTIONS

For assistance in completing this application, please call 701-265-4122.

## IDENTIFICATION

1. Name (Last, First, Middle)			
2. Present Address		City	State      Zip Code
3. Home Telephone Number		Work Telephone Number	4. Social Security Number
In compliance with the Federal Privacy Act of 1974, the disclosure of your social security number is voluntary. The social security number is used for record keeping.		5. Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> NO <input type="checkbox"/> YES	

6. DO YOU CLAIM VETERAN'S PREFERENCE?       NO     YES - Attach Report of Separation DD-214  
 DO YOU CLAIM DISABLED VETERAN'S PREFERENCE?     NO     YES - Attach Current VA Disability Certification and Report of Separation DD-214

*VETERAN ELIGIBILITY: You must be a North Dakota resident and have served in the active military forces during a period of war as established in the North Dakota Century Code 37-01-40, or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released therefrom under honorable conditions. Applicants claiming veteran's preference must attach a copy of REPORT OF SEPARATION DD214. Disabled veterans must also include a letter less than one year old from the Veteran's Administration indicating such disability.*

7. Did you graduate from high school? <input type="checkbox"/> NO <input type="checkbox"/> YES	If you are not a high school graduate, do you have a GED Equivalency Certificate? <input type="checkbox"/> NO <input type="checkbox"/> YES
--	--

COLLEGE, UNIVERSITY, NURSING SCHOOL, BUSINESS COLLEGE, VOCATIONAL SCHOOL, OR ANY OTHER SCHOOL YOU HAVE ATTENDED:

NAME AND LOCATION	NUMBER OF CREDITS EARNED		FIELD		TYPE OF DEGREE
	QTR.	SEM.	MAJOR	MINOR	

Provide information on education/training you have which is not covered above. Indicate special skills you possess; languages you speak, write or understand; voluntary and unpaid work experience, etc. Also, list any professional license you currently hold.

## ARREST RECORD

8. Have you ever been charged, posted bond or convicted in court for any traffic or criminal violation of the law in a federal, state, or civil court?  
 NO     YES-If "YES" - complete details below (use separate sheet in same format if more room is needed):

STATE	PLACE	CHARGE	DISPOSITION

9. YOUR EMPLOYMENT HISTORY: Be specific. This information may be used to determine if your application will be accepted. Start with your present or most recent job. Include armed forces service and any self-employment. Indicate any change of job title under the same employer as a separate position. If you need additional space, attach separate sheets using this same format.

Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
Kind of Business		
City	State	
Your Title		
Name of Your Immediate Supervisor	Supervisor's Tel. No.	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	
FROM (Month and Year)	TO (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	
REASON FOR LEAVING <input type="text"/>		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
Kind of Business		
City	State	
Your Title		
Name of Your Immediate Supervisor	Supervisor's Tel. No.	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	
FROM (Month and Year)	TO (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	
REASON FOR LEAVING <input type="text"/>		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
Kind of Business		
City	State	
Your Title		
Name of Your Immediate Supervisor	Supervisor's Tel. No.	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	
FROM (Month and Year)	TO (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	
REASON FOR LEAVING <input type="text"/>		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
Kind of Business		
City	State	
Your Title		
Name of Your Immediate Supervisor	Supervisor's Tel. No.	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	
FROM (Month and Year)	TO (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	
		REASON FOR LEAVING <input type="text"/>
		MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
Kind of Business		
City	State	
Your Title		
Name of Your Immediate Supervisor	Supervisor's Tel. No.	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	
FROM (Month and Year)	TO (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	
		REASON FOR LEAVING <input type="text"/>
		MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

10. Do you hold a valid North Dakota Motor Vehicle Driver's License? <input type="checkbox"/> NO <input type="checkbox"/> YES		Class	Number	Restrictions
11. Do you, or have you ever had a motor vehicle driver's license from another state? <input type="checkbox"/> NO <input type="checkbox"/> YES		If "yes", which state(s)?		Driver's License Number
12. Have you ever been the driver of a vehicle involved in a motor vehicle accident? <input type="checkbox"/> NO <input type="checkbox"/> YES		If "yes", list dates and locations of each below.		
13. Are you related to a member of the County Commission or a County Employee? <input type="checkbox"/> NO <input type="checkbox"/> YES		If "yes", to whom?		
14. Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you are applying? <input type="checkbox"/> NO <input type="checkbox"/> YES				
15. How did you learn about this opening?		Salary Desired:		Date Available:

16. Have you ever been present where controlled substances such as marijuana, amphetamines, barbiturates, hallucinogenic, hashish, cocaine, opiates, etcetera, were being used?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Explain how many occasions, months and dates of last use.		
17. Would you have any reluctance to strictly enforce any and all laws regulating the controlled substances previously mentioned?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
18. Have you ever pled or been found guilty of a felony or ever been charged with a felony that was later dismissed under a deferred imposition of sentence?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
If yes, explain:		
19. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of North Dakota, or of seeking to alter the form of government of the United States or the State of North Dakota by unconstitutional means?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
20. Do you have any objection to a thorough background investigation being made on you, to include copies of your fingerprints being submitted to the FBI for examination?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
20b. Have you ever had a civil judgment against you for failure to pay any bills:	<input type="checkbox"/> NO	<input type="checkbox"/> YES
If yes, explain:		

**21. CERTIFICATION AND AGREEMENT: PLEASE READ BEFORE SIGNING**

I certify that all information contained in this application and my 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. I authorize Pembina County to contact my reference and verify the information that is obtained. I release all persons, companies, and organizations from liability from 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. I hereby acknowledge that if offered a position with Pembina County, my appointment will include a probationary period of a minimum of six months.

I certify that I will hold no person, corporation, or organization liable for giving or receiving information on the investigation.

Signature of Applicant:	Date:
-------------------------	-------

ALL INFORMATION IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The County of Pembina does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services, and complies with the provisions of the North Dakota Human Rights Act.

**POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY**

The Pembina County Sheriff's Department does not discriminate on the basis of disability in the admission, or access to, or treatment, or employment in, its programs or activities.

<p><b>MAIL APPLICATION TO</b></p> <p><b>Pembina County Sheriff's Dept.</b></p> <p><b>308 Courthouse Dr. #2</b></p> <p><b>Cavalier ND 58220</b></p>
--

Referral Source				
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Television	<input type="checkbox"/> Poster	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet
<input type="checkbox"/> PCSO Employee(s)	_____	_____	_____	_____
<input type="checkbox"/> Other (Explain)	_____			

## APPLICANT DATA RECORD

(Completion of this form is voluntary)

*Please Print*

Qualified applicants are considered for all positions, and during employment employees are treated without regard to race, color, religion, sex, national origin, age, or marital or veteran status.

As employers, we comply with government regulations and affirmative action responsibilities.

This data is for periodic government reporting and will be kept in a File SEPARATE from the Application for Employment.

Position Applied For:	Application Date:
-----------------------	-------------------

## AFFIRMATIVE ACTION SURVEY

**Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. These data are for analysis and affirmative action only.**

**PLACE AN "X" OR CHECK IN THE APPROPRIATE BOXES**

Sex		Handicapped		Ethnic Origin			Asian/Pacific	American	
Male	Female	Yes	No	Caucasian	Black	Hispanic	Islander	Indian	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Veteran Service		Beginning Date		Ending Date		Disabled Veteran	Percent Disabled	Surviving Spouse	
Yes	No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EQUAL EMPLOYMENT OPPORTUNITY FORM

We invite you to complete the enclosed Equal Employment Opportunity form and return it in a separate envelope from your application.

This information will be forwarded to our Title VI Coordinator and kept completely separate from your application. This information is used for statistical purposes only as part of our ongoing efforts to maintain Title VI compliance.

Submission of this information is completely voluntary and will be kept confidential.

# EQUAL EMPLOYMENT OPPORTUNITY

Pembina County (5-2014)

Due to the receipt of federal aid funds, Pembina County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites you to voluntarily self-identity your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatments. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This form will not be part of your applicant file or included in any documentation provided to the supervising official.

Please Print

Name:

Date:

Position for which you are applying:

Location:

Birthdate:

Gender

Male

Female

## Racial/Ethnic Heritage (Check one)

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

How did you learn about the job for which you applied? (List the name of the newspaper, employment agency, organization, agency employee, or other source):

Your Home Address

City

State

Zip Code

We are an Equal Opportunity Employer