

Application Instructions:

- Please answer each question completely.
- DO NOT write “*see resume*” in lieu of completing the application. Incomplete applications may not be considered.
- **Submit completed application by:**

MAIL: City of Killdeer
Attn: City Administrator
PO Box 270
Killdeer, ND 58640

EMAIL: cityofkilldeer@killdeer.com

FAX: 701-764-5411

- Please include any attachments with your application (ex. resume, required pre-interview questionnaire, required test scores, certifications, etc.)
- Check for errors and signature before sending.
- Contact Matt Oase at 701-764-5295 with any questions.



Veteran Eligibility: You must be a North Dakota 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 N.D.C.C. 37-19.1.

City of Killdeer, 165 Railroad ST SE, Killdeer, ND 58640
(701) 764-5295 • fax (701) 764-5411 • killdeer.com

*** PLEASE NOTE “see resume” is not an acceptable response for any entries on this application. Candidates will be ranked only on the information submitted in this application. Resumes and other supplemental materials will be considered in addition to, but not in lieu of this application.**

| Education | School Name, City and State | Number of Years Attended | Degree Information | Area of Study |
|---|--------------------------------|--------------------------------|---|---------------|
| High School | | | Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College/University | | | Degree Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other | |
| College/University | | | Degree Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other | |
| Technical or Certificate Programs | | | (Indicate type of certificate earned) | |

Please list any other education, training or specialized skills you have that may be applicable to your consideration as a job applicant: _____

What trade/professional licenses or certificates do you hold? *(Please provide a photo copy, if required.)* _____

Employment History *(List your current or most recent employer and all jobs you have had with that employer in the first information area below. Then working backward from that job, list each previous employer and all jobs held with that employer until you have given a complete 15 year history. Please use additional sheets if more space is needed.)*

Employer: _____ Full-Time _____ Part-Time _____

Address: _____ Average Weekly Hours _____

Dates of Employment: _____ to _____ Hourly Rate/Salary: _____ Start _____ End _____

May we contact your current employer? Yes No

Your Supervisor's Name: _____ Telephone: () _____

Your position title _____ Reason for Leaving: _____

Primary Duties: _____

Employer: _____ Full-Time Part-Time
Address: _____ Average Weekly Hours _____
Dates of Employment: _____ to _____ Hourly Rate/Salary: _____
Start End
Your Supervisor's Name: _____ Telephone: () _____
Your position title _____ Reason for Leaving: _____
Primary Duties: _____

Employer: _____ Full-Time Part-Time
Address: _____ Average Weekly Hours _____
Dates of Employment: _____ to _____ Hourly Rate/Salary: _____
Start End
Your Supervisor's Name: _____ Telephone: () _____
Your position title _____ Reason for Leaving: _____
Primary Duties: _____

Employer: _____ Full-Time Part-Time
Address: _____ Average Weekly Hours _____
Dates of Employment: _____ to _____ Hourly Rate/Salary: _____
Start End
Your Supervisor's Name: _____ Telephone: () _____
Your position title _____ Reason for Leaving: _____
Primary Duties: _____

References: (Please provide the names, addresses and telephone numbers of three professional references.)

1. _____
2. _____
3. _____

Please provide any additional information you feel may be helpful to us in considering your application: _____

Applicant Acknowledgment and Authorization

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the CITY OF KILLDEER that such employment with the CITY OF KILLDEER is at will, for no specified duration and may be terminated by either the CITY OF KILLDEER or by myself at any time, with or without cause and if terminated the CITY OF KILLDEER is liable only for wages and salary and benefits earned as of the date of termination. I understand that none of the documents, policies, procedures, actions, statements of the CITY OF KILLDEER or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct. In consideration for employment with the CITY OF KILLDEER, if employed, I agree to conform to the rules, regulations, policies and procedures of the CITY OF KILLDEER at all times and understand that such obedience is a condition of employment.

I understand that an offer for a position with the CITY OF KILLDEER is conditional and I may be required to submit to a pre-employment medical examination, drug/alcohol screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize the CITY OF KILLDEER to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, references, institutions, agencies and the CITY OF KILLDEER from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release may be used for all purposes.

Printed Name

Applicant's Signature (Unsigned applications may be disqualified)

Date

**-DO NOT WRITE IN THIS SECTION-
OFFICE USE ONLY**

Date Received: _____

Applicant Affirmative Action Program Self Identification Form

Required Information

Name: _____ Date of Application: _____

Position(s) for which you are applying: _____

Voluntary Information

The City of Killdeer is required to comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), we must track our applicants by gender and race/ethnicity and the position they applied for to the government. We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

Gender: ☐ Male ☐ Female

Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).

Race/Ethnic Identification (check one):

Are you Hispanic or Latino? ☐ Yes ☐ No

If you answered “Yes” you have completed this form. If you answered “No” please select a race from the options below.

☐ White (Not Hispanic or Latino)

☐ American Indian or Alaska Native
(Not Hispanic or Latino)

☐ Black or African American (Not
Hispanic or Latino)

☐ Two or More Races (Not Hispanic or
Latino)

☐ Native Hawaiian or Other Pacific
Islander (Not Hispanic or Latino)

☐ I do not wish to disclose.

☐ Asian (Not Hispanic or Latino)

Definitions of Race/Ethnic Categories

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, Japan, 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.