

## 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 Dickinson  
Attn: Human Resources  
99 2<sup>nd</sup> Street East  
Dickinson, ND 58601

**EMAIL:** [HR@dickinsongov.com](mailto:HR@dickinsongov.com)

**FAX:** 701-456-7017

- 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 Amy at 701-456-7033 or Shelly at 701-456-7801 with any questions.



# City of Dickinson

An Equal Opportunity Employer

## Application for Employment

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Available to work:  Full Time  Part Time  Seasonal  Permanent  Temporary

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
Street Address City/State/Zip Code

Telephone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status?  
(Proof of citizenship or employment status is required under Federal Law.)  Yes  No

Are you currently employed?  Yes  No

Have you been convicted of a crime other than a minor traffic violation since age 18? If yes, please explain  Yes  No

*(Conviction of a crime does not automatically bar employment. Factors such as age at the time of offense, type of offense, remoteness of offense, sentenced time and rehabilitation will be taken into account in determining effect on suitability for employment.)*

Are you related to the Mayor, any member of the City Commission or a current City Employee?

Yes  No

If yes, whom? (give name and relationship) \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

Do you claim Veteran's Preference?  No  Yes - *Must* attach DD-214, Report of Separation.

Do you claim Disabled Veteran's Preference?  No  Yes - *Must* attach DD-214, Report of Separation, and a letter less than 1 yr. old from the US Dept. of Veteran Affairs indicating disability.

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.

**\* 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 DICKINSON that such employment with the CITY OF DICKINSON is at will, for no specified duration and may be terminated by either the CITY OF DICKINSON or by myself at any time, with or without cause and if terminated the CITY OF DICKINSON 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 DICKINSON 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 DICKINSON, if employed, I agree to conform to the rules, regulations, policies and procedures of the CITY OF DICKINSON 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 DICKINSON 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 DICKINSON 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 DICKINSON 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

How did you hear about this position?

**-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 Dickinson 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.**

- |  |   |
|--|---|
| <input type="checkbox"/> White (Not Hispanic or Latino)  | <input type="checkbox"/> American Indian or Alaska Native<br>(Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not<br>Hispanic or Latino)                 | <input type="checkbox"/> Two or More Races (Not Hispanic or<br>Latino)                |
| <input type="checkbox"/> Native Hawaiian or Other Pacific<br>Islander (Not Hispanic or Latino) | <input type="checkbox"/> I do not wish to disclose.                                   |
| <input type="checkbox"/> Asian (Not Hispanic or Latino)  |   |

### **Definitions of race/ethnic categories**

**Hispanic of 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.