

# City of Grafton

PO Box 578, 5 East 4<sup>th</sup> Street, Grafton, ND 58237  
 Telephone: 701-352-1561 Fax: 701-352-2730

*The City of Grafton is an Equal Employment Opportunity Employer.  
 Applicants are considered for all positions without regard to race, color, religion, gender,  
 national origin, age, marital or veteran status, the presence of a non-job-related medical condition  
 or physical disability or any other legally protected status.*

## APPLICATION FOR EMPLOYMENT (Please Type or Print)

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_  AM  PM

If under 18 years of age, can you provide required proof of your eligibility to work: \_\_\_\_ Yes \_\_\_\_ No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.* \_\_\_\_ Yes \_\_\_\_ No

Have you ever pled or been convicted of a felony including a felony charge that was later dismissed under a  
 deferred imposition of sentence? \_\_\_\_ Yes \_\_\_\_ No

Do any of your friends or relatives work here? \_\_\_\_ Yes \_\_\_\_ No

Date available to work: \_\_\_\_\_ What is your desired salary? \_\_\_\_\_

Are you available to work: \_\_\_\_ Full time \_\_\_\_ Part Time \_\_\_\_ Temporary \_\_\_\_ Seasonal

### **EDUCATION AND TRAINING**

	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
College				
Graduate				
Professional				
Other (Specify)				
<i>Describe any specialized training, apprenticeship, skills, and extra-curricular activities.</i>		_____		
		_____		
		_____		



May we contact these employers regarding your qualifications?  Yes  No

**List professional, trade, business, or civic activities and offices held.**

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

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**ADDITIONAL INFORMATION**

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**Military Information**

Have you served in the Armed Forces of the United States?  Yes  No

<p><b>Are you claiming Veteran's Preference under North Dakota Statute?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(You must submit a DD214 verifying each claim)</i> <b>Are you claiming status of a disabled veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A copy of your letter from the VA claiming disability must be attached to this application.)</i></p>
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**Describe any job-related training received in the United States Military.**

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**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Specialized Skills (Check Skills/Equipment Operated)**

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<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Machinery (list)	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Word Processing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wpm _____	<input type="checkbox"/> Wpm _____	<input type="checkbox"/>	<input type="checkbox"/>

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***Note to applicants:* DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:**

Are you capable of performing in a reasonable manner with or without reasonable accommodation, the activities involved in the job or occupations for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ YES \_\_\_\_\_ NO

**Supply any additional information you feel may be helpful to us in considering your application.**

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**REFERENCES**

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1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address

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**I certify that answers given herein are true and complete.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**I understand this application for employment shall be considered active for a period of one year. Should I wish to be considered for employment beyond this time period I will 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 the City of Grafton is on an "at will" nature, which means that the Employee may resign at any time and the City of Grafton may discharge Employee at any time with or without cause. It is further understand 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 an authorized executive of the City of Grafton.**

**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 that I will also be required to abide by all rules and regulations of the City of Grafton.**

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**Signature of Applicant**

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**Date**