

NEW ROCKFORD PARK DISTRICT
117 1ST STREET SOUTH
NEW ROCKFORD, ND 58356

Application for Employment
• Please print • Must complete in full

Position for which you are applying _____ Full-Time Part-Time/Seasonal

Circle Days Available Sun. M T W Th F Sat. If hired, when could you start? _____

PART I

Name _____ E-mail _____

Address _____ City, State, Zip _____

Daytime Phone () _____ Evening Phone () _____

Have you worked for us before? Yes No If so, when, position held? _____

Are you 18 years or older? Yes No Do you have a legal right to be employed in the U.S.? Yes No

PART II - EDUCATIONAL PREPARATION (High School, College/Trade School)

Name of School, City, State	Course of Study	Degree	Date of Graduation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PART III - MILITARY

Beginning Date: _____ to _____ Branch: _____

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 one year old from the Veteran's Administration 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 NDCC 37-19.1.

PART IV - WORK EXPERIENCE (List last two jobs held, including your current job)

Company _____ Phone () _____

Supervisor _____ Beginning Date _____ to _____

May we contact your current employer? Yes No If no, please explain: _____

Reason for leaving? _____

Briefly describe work performed

Company _____ Phone () _____

Supervisor _____ Beginning Date _____ to _____

Reason for leaving? _____

Briefly describe work performed

PART V - EQUIPMENT/MACHINES OPERATED

PART VI - OTHER EXPERIENCE/TRAINING, LICENSES/CERTIFICATES

List any special qualifications relevant to the position for which you are applying and are not covered elsewhere in your application (such as technical skills and/or computer, childcare training, CPR, First Aid, WSI, Lifeguard certification, etc.) For licenses and certificates, you must include date and place of issuance, date of expiration and be able to present a copy of certification if hired.

PART VII - REFERENCES (persons who can speak of your job/professional qualifications)

Name _____ Relationship _____
Address _____ Phone () _____
City, State _____ Zip _____
Name _____ Relationship _____
Address _____ Phone () _____
City, State _____ Zip _____

PART VIII - GENERAL INFORMATION

Driver's License? Yes No If so, ID number _____ State Issued _____ Class _____
Has license been suspended or revoked in the last three years? Yes No If yes, give details: (reason, year, county) _____

Have you ever been convicted of a felony? Yes No
If yes, answer the following: Year: _____ State Charged: _____ County Charged: _____
Charge took place in: Federal Court State Court Explain: _____

Have you ever been convicted of any offense involving a crime against a child including, but not limited to, the sexual molestation, physical or sexual abuse or rape of a child? Yes No
If yes, answer the following: Year: _____ State Charged: _____ County Charged: _____
Charge took place in: Federal Court State Court Explain: _____

Have you ever been convicted of any misdemeanor within the last 10 years? Yes No
If yes, answer the following: Year: _____ State Charged: _____ County Charged: _____
Charge took place in: Federal Court State Court Explain: _____

Are there currently any criminal charges pending against you? Yes No
If yes, answer the following: Year: _____ State Charged: _____ County Charged: _____
Charge took place in: Federal Court State Court Explain: _____

In case of an emergency, notify: _____

PART IX - AUTHORIZATION

*BY SIGNING OR TYPING MY NAME BELOW, I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND AND AGREE THAT ANY MISSTATEMENT WILL BE GROUNDS FOR DISQUALIFICATION OR DISMISSAL FROM EMPLOYMENT BY THE NEW ROCKFORD PARK DISTRICT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, TO INCLUDE A BACKGROUND CHECK AND RELEASE THE BISMARCK PARK DISTRICT OF ANY LIABILITY AND ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I UNDERSTAND BY PROVIDING INFORMATION ON THIS APPLICATION THAT THERE IS NO CONTRACTUAL OR IMPLIED AGREEMENT BETWEEN ME AND THE NEW ROCKFORD PARK DISTRICT

Applicant Signature _____ Date _____

Complete and return applications to:
New Rockford Park District
117 1st Street South
New Rockford, ND 58356
Website: www.cityofnewrockford.com
E-Mail: nrparksandrec@gmail.com
Phone: (701) 302-8105

EQUAL OPPORTUNITY EMPLOYER • SMOKE FREE ENVIRONMENT (Smoking prohibited by law indoors & within 20 ft. of entrances)