



City of Langdon Employment Application

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|----------------------|---|---------------------|
| POSITION APPLIED FOR | HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other | DATE OF APPLICATION |
|----------------------|---|---------------------|

PERSONAL INFORMATION

| | |
|----------------------------|------------------------|
| Name (Last, First, Middle) | Telephone Number |
| Address | Email Address |
| City/State/Zip | Social Security Number |

| | | |
|---|---|--|
| Are you legally authorized to work in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever filed an application with us before? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever been employed with us before? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you currently employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you currently on "Lay-off" status and subject to recall? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Can you travel if a job requires it? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| On what date would you be available for work? | | |
| Have you been convicted of a felony within the last 7 years? <i>(Conviction will not necessarily disqualify an applicant from employment)</i> If Yes, please explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp | What Shift(s) Will You Work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights | May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| WE ARE AN EQUAL OPPORTUNITY EMPLOYER | | |

Please Return Application To:
 Langdon City Hall
 324 8th Ave
 Langdon, ND 58249
city@cityoflangdon.com

EMPLOYMENT HISTORY - Begin With Most Recent Employment

| | | | |
|---------------------|--|-------------------|------------------|
| Dates From To | | Company Name | City, State |
| Titles and Duties - | | | |
| Reason for Leaving: | | Supervisor's Name | Telephone Number |
| Dates From To | | Company Name | City, State |
| Titles and Duties - | | | |
| Reason for Leaving: | | Supervisor's Name | Telephone Number |
| Dates From To | | Company Name | City, State |
| Titles and Duties - | | | |
| Reason for Leaving: | | Supervisor's Name | Telephone Number |
| Dates From To | | Company Name | City, State |
| Titles and Duties - | | | |
| Reason for Leaving: | | Supervisor's Name | Telephone Number |

EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses

| Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
|--|-----------------|----------------|---------------------------|
| School | Name & Location | Diploma/Degree | Subject Of Specialization |
| College/University | | | |
| Specialized Courses & Training | | | |

OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:

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MILITARY - Branch of Service:

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|--|
| Describe any military training received relevant to the position for which you are applying: |
|--|

REFERENCES - Give the Names of Three Persons Not Related to You

| Name | Address | Telephone | Occupation |
|------|---------|-----------|------------|
| | | | |
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The information on this application is true and accurate to the best of my knowledge. Any false statements made intentionally will be cause for immediate reprimand and/or dismissal.

Signature _____ Date _____

If submitting this application electronically, please type your full name and check the "yes" box to confirm your signature acknowledgment.

| | |
|----------------------------|--|
| Name (Last, First, Middle) | Signature Acknowledgement <input type="checkbox"/> Yes, this is my electronic signature |
|----------------------------|--|