



STAFF APPLICATION FOR EMPLOYMENT

P.O. Box 5587 Bismarck, North Dakota 58506-5587

| | | |
|--|---|------------|
| <ul style="list-style-type: none"> ● Follow instructions carefully ● Provide detail - do not use "see resume" ● If accommodation or assistance is needed in completing this application, contact BSC. | <ul style="list-style-type: none"> ● Print or type ● Check for errors before submitting | Office Use |
|--|---|------------|

Position(s) applying for: _____

When will you be available to begin work? _____

Where did you hear about this opening (BSC website, newspaper, other internet site, etc. – please be specific)?

General Information

| | | | | |
|------------------------------------|------|-------|----------|--------------------|
| Name (Last, First, Middle Initial) | | | | Work Telephone No. |
| Mailing Address | City | State | Zip Code | Home Telephone No. |

Can you provide proof, if hired, that you are eligible to work in the United States: Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain _____

(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

Are you at least 18 years of age? Yes No

Veteran's Preference

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, & a letter less than page 1 from the Veteran's Administration indicating disability

Veteran Eligibility: You must be a ND resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other service medal during an emergency condition, and must have been released under other than dishonorable conditions. See NDCC 37-19.1

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

| COLLEGE NAME AND LOCATION (college, business, nursing, vocational, or other) | Field of Study | Did you Graduate? | Diploma, Degree, Certificate, or License Earned |
|---|----------------|---|---|
| | Major | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Employment History

- Start with your current or last job - include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- **ATTACH EXTRA SHEETS** using the same format if you have additional employment history.

| | | | | | |
|--|---|---------------|-------------------------------------|------------------------------------|--|
| May we contact your current employer for a reference? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Employer | | Telephone No. | Supervisor's Name | | |
| Type of Business | | Address | | | |
| Your Job Title | Dates Employed (indicate months & years) From: _____ To: _____ | | Hours Worked/ Week | | |
| Duties: | | | | | |
| Reason for Leaving | | | | | |
| Employer | | Telephone No. | Supervisor's Name | | |
| Type of Business | | Address | | | |
| Your Job Title | Dates Employed (indicate months & years) From: _____ To: _____ | | Hours Worked/ Week | | |
| Duties: | | | | | |
| Reason for Leaving | | | | | |
| Employer | | Telephone No. | Supervisor's Name | | |
| Type of Business | | Address | | | |
| Your Job Title | Dates Employed (indicate months & years) From: _____ To: _____ | | Hours Worked/ Week | | |
| Duties: | | | | | |
| Reason for Leaving | | | | | |

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments. I authorize Bismarck State College to contact my references and verify the information that is obtained. I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. I hereby acknowledge that if offered a position with Bismarck State College, my appointment will include a probationary period. By submitting electronically to Bismarck State College's Human Resource Department, I acknowledge the previous statement and consent to the terms of employment application review.

Applicant's Signature _____ Date _____