



City of Hillsboro North Dakota Job Application PERSONAL DATA

| | | | |
|---|--|---|--|
| NAME (last, first, middle) | | PREFERRED FIRST NAME | TODAY'S DATE |
| CONTESTANT NUMBER | TELEPHONE NUMBER | ALTERNATE NUMBER | E-MAIL |
| PRESENT ADDRESS | | CITY/STATE/ZIP | Time at Address |
| PERMANENT ADDRESS | | CITY/STATE/ZIP | Time at Address |
| Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO CDL License <input type="checkbox"/> YES <input type="checkbox"/> NO 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No VISA TYPE: (if not a citizen) | HAVE YOU EVER WORKED FOR A COMPANY UNDER A DIFFERENT NAME? <input type="checkbox"/> Yes <input type="checkbox"/> No IS ANY ADDITIONAL INFORMATION RELATING TO YOUR NAME CHANGE NEEDED TO VERIFY YOUR WORK RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> No - IF YES, PROVIDE FORMER NAME AND EXPLANATION | |
| | | CAN YOU TRAVEL IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO % OF TIME WILLING TO TRAVEL | |
| | | WHAT LANGUAGES DO YOU SPEAK AND WRITE FLUENTLY? | IF REQUIRED BY EMPLOYER, ARE YOU WILLING TO TAKE A PHYSICAL AND/OR DRUG TEST? <input type="checkbox"/> Yes <input type="checkbox"/> No |

REFERENCES

| | NAME/TITLE | COMPANY/RELATION | PHONE | E-MAIL | YRS KNOWN |
|------------------------------------|------------|------------------|-------|--------|-----------|
| BUSINESS / PROFESSIONAL REFERENCES | | | | | |
| | | | | | |
| | | | | | |

EDUCATION

| Name of School (city, state) | Degree | Major studies | Years Attended | Graduated? | GPA (4.0 scale) |
|---|--------|-------------------------------------|--|------------|-----------------|
| High School | | | | | |
| College/Institution (Undergraduate) | | | | | |
| College/Institution (Undergraduate) | | | | | |
| College (Graduate) | | | | | |
| SCHOLASTIC HONORS, SCHOLARSHIPS, ASSISTANTSHIPS, ETC. | | | CERTIFICATIONS/PROFESSIONAL LICENSURES | | |
| % College Expenses Eamed | % | Describe work experience in college | | | |

SKILLS

| |
|--|
| PLEASE INDICATE SKILLS IN THE FOLLOWING AREAS THAT MIGHT FURTHER QUALIFY YOU FOR A POSITION WITH OUR COMPANY |
| WATER/WASTEWATER |
| |
| ELECTRIC |
| MECHANIC SKILLS |
| EQUIPMENT OPERATIONS |
| OTHER |

EMPLOYMENT HISTORY

| | | | |
|---|---|--|--|
| MAY WE CONTACT YOUR PRESENT EMPLOYER FOR VERIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No | | MAY WE CONTACT YOU AT YOUR PLACE OF BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DATE AVAILABLE FOR NEW POSITION? | HOW LONG HAVE YOU CONSIDERED MAKING CHANGE? | WHEN AVAILABLE TO INTERVIEW? | |
| TYPE OF POSITION DESIRED | | | |
| STARTING SALARY EXPECTED \$ | MINIMUM ACCEPTABLE \$ | | |
| NAME 3 MAJOR STRENGTHS | | | |
| NAME 3 MAJOR WEAKNESSES | | | |
| WHAT ARE YOU MISSING THAT COULD HELP YOU REACH YOUR GOALS (JOB OBJECTIVE)? | | | |
| WHAT IS YOUR GREATEST ACHIEVEMENT (SCHOOL/WORK)? | | | |

Please begin with present or most recent employer. Account for full-time and part-time or temporary employment.

| | | | | |
|---|--|--|-----------------|--|
| PRESENT OR MOST RECENT EMPLOYER | | From Mo/Yr | To Mo/Yr | Job Title – Start |
| Address | | Company Car <input type="checkbox"/> Yes <input type="checkbox"/> No | | Job Title – Present/Termination |
| City State Zip | | Expenses <input type="checkbox"/> Yes <input type="checkbox"/> No | | Products Involved |
| | | Nights Away Per Week | | |
| Name of Immediate Supervisor Title | | Starting Salary/Wage \$ | | Geographic Area Involved |
| Department Phone | | Ending Salary/Wage \$ | | Main Competitors |
| Major Responsibilities | | | | |
| Major Accomplishments | | | | |
| Reason for Leaving | | | | |

| | | | | |
|---|--|--|-----------------|---------------------------------|
| NEXT TO LAST EMPLOYER | | From Mo/Yr | To Mo/Yr | Job Title – Start |
| Address | | Company Car <input type="checkbox"/> Yes <input type="checkbox"/> No | | Job Title – Upon Leaving |
| City State Zip | | Expenses <input type="checkbox"/> Yes <input type="checkbox"/> No | | Products Involved |
| | | Nights Away Per Week | | |
| Name of Immediate Supervisor Title | | Starting Salary/Wage \$ | | Geographic Area Involved |
| Department Phone | | Ending Salary/Wage \$ | | Main Competitors |
| Major Responsibilities | | | | |
| Major Accomplishments | | | | |
| Reason for Leaving | | | | |

| | | | | |
|---|--|--|-----------------|---------------------------------|
| SECOND TO LAST EMPLOYER | | From Mo/Yr | To Mo/Yr | Job Title – Start |
| Address | | Company Car <input type="checkbox"/> Yes <input type="checkbox"/> No | | Job Title – Upon Leaving |
| City State Zip | | Expenses <input type="checkbox"/> Yes <input type="checkbox"/> No | | Products Involved |
| | | Nights Away Per Week | | |
| Name of Immediate Supervisor Title | | Starting Salary/Wage \$ | | Geographic Area Involved |
| Department Phone | | Ending Salary/Wage \$ | | Main Competitors |
| Major Responsibilities | | | | |
| Major Accomplishments | | | | |
| Reason for Leaving | | | | |

I hereby swear that all information provided is true and accurate as of the submission of this form.

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|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

The City of Hillsboro is an equal opportunity employer