

CREW CUT LAWN SERVICE

crewcutlawn@ndsupernet.com
10875 34th ST SW, Dickinson, ND 58601

APPLICATION FOR EMPLOYMENT

UPDATED 11/2012

<ul style="list-style-type: none"> • Follow instructions carefully • Provide detail – do not use "see resume" 	<ul style="list-style-type: none"> • Print or type • Check for errors before submitting
<ul style="list-style-type: none"> • If accommodation or assistance is needed in completing this application, please contact Stark County Employee Relations at 701.456.7653 	

Position(s) applying for:
Department:

General Information

Name (Last, First, Middle Initial)		Email Address:	
Mailing Address		City	State Zip
Work Telephone	Home Telephone	Cellular/Other Telephone	Primary Telephone number for calls related to this job opening (please check) Work <input type="checkbox"/> Home <input type="checkbox"/> Cellular/Other <input type="checkbox"/>
Can you provide proof, if hired, that you are eligible to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a crime other than a minor traffic violation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, Please Explain (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)			
How did you learn about this opening?			

Veteran's Preference

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 campaign service medal during an emergency condition, and must have been released under other than dishonorable conditions. See NDCC 37-19.1

Do you claim preference as a: (please check appropriate selection)

Veteran?	NO <input type="checkbox"/>	YES <input type="checkbox"/> Must attach DD-214, Report of Separation
Disabled Veteran?	NO <input type="checkbox"/>	YES <input type="checkbox"/> Must attach DD-214 & Letter less than 1 yr. old from V.A. including disability
Spouse of a Disabled Veteran?	NO <input type="checkbox"/>	YES <input type="checkbox"/> Must attach copy of marriage certificate, DD-214 & Letter less than 1 yr. old from V.A. indicating disability
Spouse of Deceased Veteran?	NO <input type="checkbox"/>	YES <input type="checkbox"/> Must attach copy of marriage certificate, DD-214 & Veteran's death certificate.

Education and/or Training

Did you graduate from high school or receive a GED Certificate? (please check)	NO <input type="checkbox"/>	YES <input type="checkbox"/>
School Name and Location (college, business, nursing, vocational or other)	No. of Years Completed	Diploma or Degree Earned

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

Equal Opportunity Employer

The County of Stark does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and complies with the provisions of the North Dakota Human Rights Act

Employment History: (Provide detail; do not use "see resume")

- 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.
- Complete pages 3 and 4 if you have additional employment history.

May we contact your current employer for a reference? (please check)		NO <input type="checkbox"/>	YES <input type="checkbox"/>
Employer		Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____		Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

May we contact your current employer for a reference? (please check)		NO <input type="checkbox"/>	YES <input type="checkbox"/>
Employer		Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____		Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

May we contact your current employer for a reference? (please check)		NO <input type="checkbox"/>	YES <input type="checkbox"/>
Employer		Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____		Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Go on to page 3 if you have additional employment history

<p>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, and 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.</p>	
Applicant's Signature _____	Date _____

All information provided is subject to the North Dakota Open Records Law

Name: _____

Additional Employment History:

May we contact your current employer for a reference? (please check)		NO <input type="checkbox"/>	YES <input type="checkbox"/>
Employer	Telephone No.	Supervisor's Name	
Type of Business	Address		
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week	
Duties:			
Monthly Salary	Reason for Leaving		

May we contact your current employer for a reference? (please check)		NO <input type="checkbox"/>	YES <input type="checkbox"/>
Employer	Telephone No.	Supervisor's Name	
Type of Business	Address		
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week	
Duties:			
Monthly Salary	Reason for Leaving		

May we contact your current employer for a reference? (please check)		NO <input type="checkbox"/>	YES <input type="checkbox"/>
Employer	Telephone No.	Supervisor's Name	
Type of Business	Address		
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week	
Duties:			
Monthly Salary	Reason for Leaving		

Equal Opportunity Employer

The County of Stark does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and complies with the provisions of the North Dakota Human Rights Act