



Bowman County Auditor
 Bowman County Courthouse
 104 1st Street NW, Ste. 1
 Bowman, ND 58623
 Phone: (701) 523-3130
 Fax: (701) 523-4899
 mischumacher@bowmancountynd.gov

Application for Employment

An Equal Opportunity Employer

Complete this application - preferably by form fill online, type or print legibly in ink. Provide detail - do not use "see resume". Check for errors before submitting. All parts of the application must be completed. An unsigned application will not be considered.

The information contained on this form is sought in good faith. It will not be used in anyway to discriminate against any applicant for employment in violation of state or federal law.

If accommodation or assistance is needed in completing this application, contact the Auditor's Office. Preferred method of submitting the application is by email or fax to the Auditor's Office.

General Information			
Last Name:	First Name:	Initial:	
Address:	Email:		
City:	State:	Zip Code:	
Phone:	Message Phone:	Date Available:	
Position(s) applying for:			
Can you provide proof, if hired, that you are eligible to work in the United States? Yes _____ No _____			

Veterans Preference			
Veterans 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 North Dakota Century code 37-19-1.			
Do you claim preference as a:			
Veteran	No _____	Yes _____	Attach DD-214, Report of Separation
Disabled Veteran	No _____	Yes _____	Attach DD-214 & letter less than 1 yr. old from veterans administration indicating disability
Spouse of a Disabled Veteran	No _____	Yes _____	Attach copy of marriage certificate, DD-214 & letter less than 1 yr. old from veterans administration indicating disability
Spouse of a Deceased Veteran	No _____	Yes _____	Attach copy of marriage certificate, DD-214 & veterans death certificate

Education and/or Training							
Did you graduate from high school or receive a GED certificate? Yes _____ No _____							
College Name & City/State	Number of Credits		Field		Did you graduate ?		Diploma or Degree Earned
	QTR	Sem.	Major	Minor	Yes	No	

NOTICE: If the position requires a degree and official transcript of the degree is required with this application

Professional Skills / Licenses				
License/ Certification	State	Profession	License/Cert. #	Expiration Date

Clerical Skills: Typing (speed/accuracy) ___/___ Data Entry (speed/accuracy) ___/___ Ten Key

If applying for a skilled craft job, are you a recognized Journey Level Worker? Yes ___ No ___

Craft or Trade: _____ Date Received: _____

Computer Skills (computer programs that can be operated proficiently):

Equipment Skills (equipment or machine and the types of operations that can be operated proficiently)

Employment Experience			
<p>Begin with your most recent job, 10 years of employment preferred on the application. On your resume' please emphasize on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not an adequate amount of space , you may respond to this section on a separate sheet of paper if all questions are answered and the same format is followed. <i>This information must be completed even if a resume is submitted.</i></p> <p>Notice to applicant: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.</p>			
May we contact your present employer?		Yes	No
Employer:	Type of Business:		
Position Held:			
Address:	City/State/Zip:		
Dates: (/ /) To (/ /)	Highest Salary:	Hours/week:	
Phone Number: () -	Immediate Supervisor:		
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):			
Reason for Leaving:			

Employment Experience - Continued

Employer:	Type of Business:	
Position Held:		
Address:	City/State/Zip:	
Dates: (/ /) To (/ /)	Highest Salary:	Hours/week:
Phone Number: () -	Immediate Supervisor:	
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):		

Reason for Leaving:

Employer:	Type of Business:	
Position Held:		
Address:	City/State/Zip:	
Dates: (/ /) To (/ /)	Highest Salary:	Hours/week:
Phone Number: () -	Immediate Supervisor:	
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):		

Reason for Leaving:

Employer:	Type of Business:	
Position Held:		
Address:	City/State/Zip:	
Dates: (/ /) To (/ /)	Highest Salary:	Hours/week:
Phone Number: () -	Immediate Supervisor:	
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):		

Reason for Leaving:

General Information

Use this area to list any additional information.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or for any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other County practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the County, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the County Commissioners. Both the undersigned and the County may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the County may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction of benefits.

I authorize investigation of all statements contained in this application. **I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice.** I authorize the investigation of all matters contained in this application and hereby give the County permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the County from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, mode of living and criminal background. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I further understand that my employment with the County is at-will, and that any time during my employment relationship with the County is terminable for any reason by either party. **I also understand that if I am selected for hire, I must successfully pass pre-employment checks prior to beginning employment which may include drug and alcohol screening, and motor vehicle record verification.**

I attest that all information and statements I have provided in this application are true and complete.

Applicant (signature)

Date