

 <p>EMPLOYMENT APPLICATION</p>	<p align="center">OFFICE OF HUMAN RESOURCES Twamley Hall Room 313 264 Centennial Drive Stop 8010 Grand Forks, ND 58202 Phone: (701) 777-4361 E-Mail: human.resources@mail.und.nodak.edu Website: http://www.humanresources.und.edu Jobline: (701) 777-6200</p>	<p align="center">For Human Resources Use Only</p>
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As an Equal Employment Opportunity/Affirmative Action Employer, the University of North Dakota encourages applications from minorities, women, Vietnam Era and disabled veterans, and persons with disabilities, and pledges not to discriminate with respect to race, color, national origin, age, religion, sex, sexual orientation, marital status or disability as specified in Federal regulations, North Dakota State Law, and UND policy. UND complies with the Drug Free Workplace Act. UND is in compliance with the Campus Security Act.

First Name	Middle Name	Last Name		
Street Address		City	State	Zip
Home Telephone	Business Telephone	E-mail address		

Have you been a student or employee of the North Dakota University System or an employee of the State of North Dakota? Yes No
 If yes, please indicate below institution/agency, your student or employee ID number and former name(s) if your name has changed?

Higher Education Institution or State Agency	Empl ID	Former Name(s)
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION!

Each applicant is screened according to the information provided on the application. If a question does not pertain to you or the position for which you are applying, write in the letters "NA" (non-applicable). UND seeks to accommodate all people with disabilities. If you receive a request for an interview and require auxiliary aids, services, or other accommodations for the interviewer, please contact the employing department. UND determines employment eligibility through the [E-Verify](#) system. Applicants must be eligible to work in the U.S.; I-9 employment certification is required at time of hire. Offers of employment for regular staff positions are official only upon receipt of a letter from the Director of Human Resources.

Please specify the position title and identifying transaction number as advertised. An applicant must submit an application for each position vacancy. Applications become inactive at the close of the hiring process.

POSITION TITLE: _____ **TRANS#** _____

DEADLINE: _____

<p>Resume Rec'd: _____</p> <p>App/CC Sent: _____</p> <p><small>For HR Use Only</small></p>	<p>VETERAN'S PREFERENCE: Veterans claiming preference must submit all proof of eligibility by the closing date. Proof of eligibility includes a DD-214 and if claiming disabled status, a current letter of disability.</p> <p>Do you claim Veteran's Preference? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, must attach D.D. 214</small></p> <p>Do you claim Disabled Veteran's Preference? (NDCC 37-19.1-01) Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, must attach D.D. 214 and copy of VA statement dated within past year indicating disability.</small></p>
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Yes No **Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? If YES, describe in full on separate sheet of paper.**

I authorize investigation as to my record with any or all of my former employers with no liability rising therefrom. I understand that false information on both sides of this application and any attachments to this application will be sufficient for dismissal whenever discovered.

Signature: _____ **Date:** _____

A resume can be beneficial and may be attached to this application.

*If you need more room to list your employment record or educational data, supplemental sheets are available.

List special abilities and qualifications you possess that pertain to the position for which you are applying. Include membership in professional societies, publications, and computer experience by product name. Valid driver's license:		Yes:	No:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY:	REGISTERED	LICENSED	CERTIFIED	
ELIGIBLE FOR:	REGISTRATION	LICENSURE	CERTIFICATION	
IF LICENSED, REGISTERED, OR CERTIFIED:	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.

EDUCATIONAL DATA

HIGH SCHOOL	NAME:	HIGHEST GRADE COMPLETED:	HIGH SCHOOL DIPLOMA OR GED
	ADDRESS: 1012		YES NO
TECHNICAL OR BUSINESS	NAME:	YEARS COMPLETED:	MAJOR:
	ADDRESS:	GRADUATED YES NO	DEGREE:
COLLEGE/ UNIVERSITY	NAME:	YEARS COMPLETED:	MAJOR:
	ADDRESS:	GRADUATED YES NO	DEGREE:

EMPLOYMENT RECORD List present or most recent employer first and include volunteer work:

FIRM NAME AND ADDRESS:			TYPE OF BUSINESS:	
POSITION HELD:	START DATE:	END DATE:	STARTING SALARY:	ENDING SALARY:
SUPERVISOR'S NAME, TITLE AND PHONE:			HOURS WORKED/WEEK:	
DESCRIBE DUTIES AND RESPONSIBILITIES:				
			REASON FOR LEAVING:	

IF CURRENTLY EMPLOYED, MAY WE CONTACT PRESENT EMPLOYER FOR REFERENCE? YES NO

FIRM NAME AND ADDRESS:			TYPE OF BUSINESS:	
POSITION HELD:	START DATE:	END DATE:	STARTING SALARY:	ENDING SALARY:
SUPERVISOR'S NAME, TITLE AND PHONE:			HOURS WORKED/WEEK:	
DESCRIBE DUTIES AND RESPONSIBILITIES:				
			REASON FOR LEAVING:	

FIRM NAME AND ADDRESS:			TYPE OF BUSINESS:	
POSITION HELD:	START DATE:	END DATE:	STARTING SALARY:	ENDING SALARY:
SUPERVISOR'S NAME, TITLE AND PHONE:			HOURS WORKED/WEEK:	
DESCRIBE DUTIES AND RESPONSIBILITIES:				
			REASON FOR LEAVING:	

Applicant Control Card

The following voluntary information is used to monitor our Affirmative Action Program. The information you are being asked to provide is the result of a federal requirement under Executive Order 11246. It will be used for reporting of applicant flow statistics and determining effective methods of advertising. Employees and applicants for employment who wish to benefit under the affirmative action programs for qualified disabled persons and Vietnam Era/Special Disabled Veterans are invited to self-identify. The information is voluntary, will be kept confidential, and will not subject the applicant or employee to any adverse treatment. The information is used in accordance with Sections 503 of the Rehabilitation Act of 1973 and Sections 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. Please note that a request to benefit under the affirmative action program may be made immediately or at any time in the future.

Name _____ Date _____
(Last) (First)

Address _____

(City) (State) (Zip Code) (Country)

Position Applied For _____
(Title) (Reference Number)

SEX Male Female

DISABLED Yes No

AGE 18 - 39 40 or over

RACE (check all that apply) White Black or African American
 American Indian or Alaska Native Asian
 Hispanic or Latino Native Hawaiian or
Other Pacific Islander

Vietnam Era Veteran No Yes (DD 214 required)
Disabled Veteran No Yes (VA certification form required)

How did you hear about this position? _____