



**GRAND FORKS COUNTY
SHERIFF'S DEPARTMENT**

Application For Employment

Date of Application: _____

NOTICE:

The Grand Forks County Sheriff's Department is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status. The Privacy Act of 1974 applies to this form.

INSTRUCTIONS: (For questions or assistance call 701-780-8280)

- If printing this form from a PDF file, ensure the "Print as image" box is checked
- Please **TYPE** or **PRINT** in **BLACK INK**
- Mail to:

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| Grand Forks County Sheriff's Department PO Box 12608 Grand Forks ND 58201-2608 |
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| NOTE: If more space is needed to provide the required information, make extra copies of the needed page and/or use a blank page by marking it at the top as "Continuation". and indicate which section number is be continued. |
|---|

1. Position Applied For _____ Full Time Part Time

Applicant Information

2. Identification

| | | | | |
|--|------------------------|------------------|---|------------------------|
| Name (Last, First, Middle) | | | Date of Birth | Social Security Number |
| Present Address | | City | State | Zip Code |
| Phone Number | Alternate Phone Number | | E-mail | |
| Drivers License Number | State Issued | Class of License | Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Residing in U.S. <input type="checkbox"/> Other | |
| Nicknames and Aliases that you have used, or been called: (this includes: maiden names, married names, legally changed names.) | | | | |

Willing to work: Days Nights Rotating Shifts Weekends Holidays

If your application is favorably considered, how much notice do you need prior to starting work: _____

Are you now, or have you previously been employed by Grand Forks County? Yes No

If yes, when and what position? _____

3. Do you have any legal, personal or other reasons that would prevent you from becoming qualified with, using, or carrying firearms, and / or personal restraint equipment? Yes No If yes, explain:

Can you perform essential job functions of a Deputy Sheriff? Yes No

4. Have you ever been named in any civil action? Yes No If yes, indicate the reasons and the final disposition:

5. Criminal History

List any crime, including traffic offences, that you have been arrested, charged, posted bond, or been convicted.

| State | Jurisdiction | Charge | Disposition |
|-------|--------------|--------|-------------|
| | | | |
| | | | |
| | | | |

6. Education / Training (Attach copies of all Diplomas, Degrees, Certificates of Training, etc.)

| | | | |
|---|-----------------|-----------------|---|
| Have you completed North Dakota's basic Peace Officer Training? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, where did you attend training? <input type="checkbox"/> Bismarck <input type="checkbox"/> Devils Lake Date graduated: | | | |
| <input type="checkbox"/> High School Graduate or <input type="checkbox"/> GED (Institution's Name and Address) | | | Year Graduated |
| College or Technical School Attended (Institution's Name and Address) | Course of Study | Years Completed | Diploma or Degree <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other (Specify) (Institution's Name and Address) | Course of Study | Years Completed | Diploma or Degree <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. Employment History (List all present and past employment, beginning with your most recent.)

| | | | |
|------------------------------|-------------------|--------------|--------------|
| Name and Address of Employer | | | Phone Number |
| Type of Business | Position Held | Date Started | Date Ended |
| Type of Work | Supervisor's Name | Start Salary | End Salary |
| Reason for leaving | | | |

| | | | |
|------------------------------|-------------------|--------------|--------------|
| Name and Address of Employer | | | Phone Number |
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| | | | |
|------------------------------|-------------------|--------------|--------------|
| Name and Address of Employer | | | Phone Number |
| Type of Business | Position Held | Date Started | Date Ended |
| Type of Work | Supervisor's Name | Start Salary | End Salary |
| Reason for leaving | | | |

May the Employers listed be contacted Yes No If no, which one(s) do you not wish contacted _____

8. Professional References (Current or former Co-Workers)

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

9. Personal References (Not Co-Worker, Employer, or Relative)

| Name | Address | Phone |
|------|---------|-------|
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10. List all residences for the last 5 years

| Address | Dates |
|---------|-------|
| | |
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11. Military Service (Attach copy of DD214 to be eligible for Veteran's Preference)

| | | | |
|---|--|--|---|
| Were you in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, which branch? | Dates of Duty From: _____ To: _____ | Rank at Discharge | Type of Discharge |
| Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No | Percent Disability % | Surviving Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No | Primary Specialty / Job in the Military |
| List special training received in the Military | | | |
| a. _____ | | | |
| b. _____ | | | |

12. Additional Qualifications (List any additional experiences, skills, training and qualifications you feel should be considered)

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|----------|
| a. _____ |
| b. _____ |
| c. _____ |
| d. _____ |

13. State reason you are applying for employment with our organization

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| _____ |
| _____ |
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| _____ |

CERTIFICATION AND AGREEMENT

I certify that information given herein is true and complete to the best of my knowledge. I acknowledge that false, misleading, or omitted information on this application and / or during any interview(s) may cause termination of my being considered from employment or result in being discharged from employment.

I understand an investigation of all information provided by me will be performed. I authorize any investigation, release of any records and inquiry deemed necessary to establish my character, general reputation and work performance history be conducted. If requested, I will undergo a psychological evaluation with a mental health professional appointed by the Sheriff's department. I understand submission of this application investigation(s), psychological evaluation and interviews conducted do not establish a contract of employment. I acknowledge that if hired, I may be required to attend training both instate and out of state for varying lengths of time.

Signature of Applicant

Date

Attach the following to your application:

- A copy of your High School Diploma or GED
- A copy of your Peace Officer License
- Copies of all Degrees, Certificates of Training, etc. for education and training you listed
- A 3x5 photo of yourself
- DD form 214 required for Veteran's Preference
- Resume (Optional)

EQUAL EMPLOYMENT OPPORTUNITY SURVEY (Optional)

This information is requested for the sole purpose of ensuring that Federal and State employment laws are complied with.

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|--|--|
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian | <input type="checkbox"/> Other (Explain) |