



APPLICATION FOR EMPLOYMENT

STATE OF NORTH DAKOTA

SFN 10950 (2-06)

- Follow instructions carefully
- Provide detail – do not use “see resume”
- If accommodation or assistance is needed in completing this application, contact the employing agency.
- Print or type
- Check for errors & signature before submitting

Position applying for:	Position Number	Requisition Number
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General Information

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code

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

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 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 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 Disabled Veteran No Yes – Attach copy of marriage certificate, DD-214, & letter less than 1 yr. old from veterans' administration indicating disability
- Spouse of Deceased Veteran No Yes – 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? Yes No

SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Number of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Computer skills, related volunteer experience, and other education/training/skills:

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

