



APPLICATION FOR EMPLOYMENT NON-ATTORNEY POSITION

ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
SFN 60789 (2/2015)

NDCLCI
Po Box 149
Valley City, ND 58072
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Instructions

- Follow instructions carefully
- Print or type
- Check for error and signature before submitting
- Provide detail—do not use “see resume” or your application may not be considered
- Sign your application. An unsigned application will not be considered.
- If accommodation or assistance is needed in completing this application, contact the Commission at 701-845-8632

Position Applying For	Office	Position Number
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General Information

Name (Last, First, Middle Initial)	Telephone Number (Work)	Telephone Number (Home)	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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes 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 one year old from veterans' administration indicating disability.

Spouse of disabled veteran? ☐ No ☐ Yes – Attach copy of marriage certificate, DD-214 & letter less than one year old from veterans' administration indicating disability.

Spouse of a deceased veteran? ☐ No ☐ Yes – Attach copy of marriage certificate, DD-214 & veteran's death Certificate.

Education and/or Training

Did you graduate high school or receive a GED Certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes						
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 Number	Expiration date

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

- Start with you 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.
- Attach additional pages following this format if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable					
1.	Employer	Telephone Number	Supervisor's Name		
Type of Business		Address	City	State	ZIP Code
Your Job Title		Date Employed (indicate months & years) From: To:		Average Hours Worked Per Week	
Duties					
Monthly Salary		Reason for Leaving			

2.	Employer	Telephone Number	Supervisor's Name		
Type of Business		Address	City	State	ZIP Code
Your Job Title		Date Employed (indicate months & years) From: To:		Average Hours Worked Per Week	
Duties					
Monthly Salary		Reason for Leaving			

3.	Employer	Telephone Number	Supervisor's Name		
Type of Business		Address	City	State	ZIP Code
Your Job Title		Date Employed (indicate months & years) From: To:		Average Hours Worked Per Week	
Duties					
Monthly Salary		Reason for Leaving			

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 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. A typed name is considered a signature.

Applicant's Signature	Date
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All information provided is subject to the North Dakota Open Records Law.

Equal opportunity employer: The state of North Dakota 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.

As an employer, the State of North Dakota prohibits smoking in all places of state employment in accordance with N.D.C.C. § 23-12-10.