APPLICATION FOR TROOPER EMPLOYMENT

NORTH DAKOTA HIGHWAY PATROL

SFN 2242 (5-2013)

MAIL TO:
North Dakota Highway Patrol
600 E Boulevard Ave Dept 504
Bismarck ND 58505-0240
OR EMAIL TO:
bchase@nd.gov

For assistance in completing this application, please call 701-328-2456

General Information

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

Are you a North Dakota resident? ☐ Yes ☐ No If yes, please list dates of residency below.

North Dakota state law requires that all persons be citizens of the United States for two years prior to employment as a highway patrol trooper.
Can you produce documentation to verify that you meet this requirement? ☐ Yes ☐ No

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

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 and letter less than one year old from veterans' administration indicating disability
Spouse of Disabled Veteran	☐ No	☐ Yes	- Attach copy of marriage certificate, DD-214, and letter less than one year old from veterans' administration indicating disability
Spouse of Deceased Veteran	☐ No	☐ Yes	- Attach copy of marriage certificate, DD-214, and veteran's death certificate

Education and/or Training

Did you graduate from high school or receive a GED Certificate? ☐ Yes ☐ No

COLLEGE NAME AND LOCATION (college, business, nursing, vocational, or other)	Field		Did you graduate?	Type of Degree Earned	If no degree, number of credit hours earned
	Major	Minor			
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Other education/training/skills:

Computer skills (hardware and software):

Related volunteer experience:

License or Certification

License/Certification	State	Profession	License/Certification Number	Expiration Date

Arrest Record

Have you ever been charged, posted bond, or convicted in court for any traffic or criminal violation of the law in a federal, state, or municipal court?
☐ No ☐ Yes - If yes, complete details below:

State	Place	Date	Charge	Disposition

Have you ever been subject to any civil litigation? ☐ No ☐ Yes - If yes, complete details below:

State	Place	Date	Disposition

Have you ever pled or been found guilty of a felony or ever been charged with a felony that was later dismissed under a deferred imposition of sentence? ☐ No ☐ Yes

If yes, explain:

Do you have any objection to a thorough background investigation being made on you, to include copies of your fingerprints being submitted to the FBI for examination? ☐ No ☐ Yes

Do you hold a valid North Dakota motor vehicle driver's license? ☐ No ☐ Yes	Class	Number	Restrictions
Do you or have you ever had a motor vehicle driver's license from another state? ☐ No ☐ Yes	If yes, list which state(s)	Driver's License Number	

Does your driver's license restrict you to wearing glasses while driving a motor vehicle? ☐ No ☐ Yes

Is your vision correctable to 20/30? ☐ No ☐ Yes
This information will be verified during the physical examination.

Have you ever been the driver of a vehicle involved in a motor vehicle accident? ☐ No ☐ Yes - If yes, list dates and locations of each below.

Have you ever been present where controlled substances such as marijuana, amphetamines, barbituates, hallucinogenics, hashish, cocaine, methamphetamine, opiates, etc. were being used?	☐ No ☐ Yes
If yes, explain how many occasions and dates.	
The North Dakota Highway Patrol policy regarding controlled substance useage states any use of illegal substances within the last three years or any excessive use or sale/distribution of controlled substances may disqualify an applicant from employment. Verification will be made during the background investigation.	
Would you have any reluctance to strictly enforce any and all laws regulating the usage, sale, or distribution of controlled substances?	☐ No ☐ Yes
Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of North Dakota, or of seeking to alter the form of government of the United States or the State of North Dakota by unconstitutional means?	☐ No ☐ Yes
The North Dakota Highway Patrol policy regarding visible tattoos states the display of any unprofessional or offensive image, phrase or other expression, or excessive tattoos shall not be tolerated. Any tattoo visible in a short sleeve uniform with an open neck collar is subject to approval prior to being hired. Do you have any tattoos that would be visible in a short sleeve shirt with an open neck collar?	☐ No ☐ Yes

Employment History

Be specific. Do not exclude any employment. This information may be used to determine if your application will be accepted. Start with your present or most recent job. Include armed forces service and any self-employment. Indicate any change of job title under the same employer as a separate position. If you need additional space, attach separate sheets using this same format.

Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
Type of Business		
City and State		
Your Title		
Name and Title of Your Immediate Supervisor		
☐ Full Time ☐ Part Time	Hours Worked Per Week	
From (Month and Year)	To (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	IF STILL EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? ☐ Yes ☐ No
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Type of Business		
City and State		
Your Title		
Name and Title of Your Immediate Supervisor		
☐ Full Time ☐ Part Time	Hours Worked Per Week	
From (Month and Year)	To (Month and Year)	
Beginning Monthly Salary	Ending Monthly Salary	IF STILL EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? ☐ Yes ☐ No

Your Employer		Your duties, responsibilities, size of operation, supervision, etc.
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Beginning Monthly Salary	Ending Monthly Salary	IF STILL EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? ☐ Yes ☐ No
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CERTIFICATION AND AGREEMENT - PLEASE READ BEFORE SIGNING

I hereby certify that this application contains no willful misrepresentation, falsification or omission, and the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation, falsification or omission, my application will be rejected and I may be removed from the job after appointment. I understand that under State and Federal laws, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, genetics, or on the basis of age, physical or mental disability, or status with respect to marriage or public assistance. I further understand that this employment application and other employment related documents I may have been furnished are not contracts of employment; also, that any oral or written statements to the contrary are hereby disavowed. The employer has my authorization to thoroughly investigate my work and personal history which is job related. I certify that I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.

Signature of Applicant	Date:

*If emailing document, a typed name is considered a signature.

ALL INFORMATION IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW

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.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The North Dakota Highway Patrol is an equal employment opportunity agency. We do not discriminate on the basis of race, color, national origin, sex, genetics, religion, age, or disability in employment or the provision of services and we comply with the provisions of the North Dakota Human Rights Act.

POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY

The North Dakota Highway Patrol does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. The Administrative Services Commander, NDHP, 600 E Boulevard Ave. Dept. 504, Bismarck, ND 58505-0240, has been designated to coordinate compliance with the non-discrimination requirements contained in section 35.107 of the Department of Justice regulations. Information concerning the provisions of the Americans with Disabilities Act, and the rights provided thereunder, are available from the ADA coordinator.

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Referral Source

☐ Employment Agency ☐ Television ☐ Poster ☐ Newspaper ☐ Internet

☐ NDHP Employee(s) _____ _____ _____

☐ Other (Explain) _____

APPLICANT DATA RECORD

(Completion of this form is voluntary)

Qualified applicants are considered for all positions, and during employment employees are treated without regard to race, color, religion, sex, genetics, national origin, age, or marital or veteran status.

As employers, we comply with government regulations and affirmative action responsibilities.

This data is for periodic government reporting and will be kept in a file SEPARATE from the Application for Employment.

Position Applied For:	Application Date:

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. These data are for analysis and affirmative action only.

CHECK THE APPROPRIATE BOXES

Sex	Handicapped	Ethnic Origin				
☐ Male ☐ Female	☐ Yes ☐ No	☐ Caucasian **1**	☐ Black **2**	☐ Hispanic **3**	☐ Asian/Pacific Islander **4**	☐ American Indian **5**

Veteran Service	If, yes: Beginning Date	Ending Date	Disabled Veteran	Percent Disabled	Surviving Spouse
☐ Yes ☐ No	_____	_____	☐ Yes ☐ No		☐ Yes ☐ No