

City of Walhalla

Application for Employment

Fax to City Auditor at 701-549-2410, Drop off at 1103 Central Ave, or Mail to PO Box 318 Walhalla, ND 58282
Email to WalCity@utma.com

Date _____

Please type or print clearly in black ink.

EMPLOYMENT INTERESTS

Position Desired: _____ Date Available to Start: _____

Salary Desired: _____ Full Time Part Time Shift Preference: _____

Have you ever worked for the City of Walhalla? Yes No If yes, when? _____

Have you been referred by anyone at the City of Walhalla? Yes No If so, who? _____

Are you currently employed? Yes No If so, may we inquire of your current employer? Yes No

PERSONAL DATA

Name: _____ Social Security Number: _____
LAST FIRST MIDDLE

Present Address: _____
STREET CITY STATE ZIP

Permanent Address: _____
STREET CITY STATE ZIP

E-mail Address: _____ Phone Number: _____ Alternative Phone Number: _____

Are you 21 years or older? Yes No Do you have a valid driver's license? Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No (Verification will be required)

EDUCATION

	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	MAJOR OR SUBJECT OF STUDY
HIGH SCHOOL			Yes <input type="checkbox"/> No <input type="checkbox"/>	
COLLEGE			Yes <input type="checkbox"/> No <input type="checkbox"/>	
GRADUATE SCHOOL			Yes <input type="checkbox"/> No <input type="checkbox"/>	
BUSINESS, TRADE, OR TECH SCHOOL			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Education Information:

PROFESSIONAL REFERENCES

Please give us the names of three people (not relatives) who can be contacted regarding your qualifications, work habits, and character.

Name	Address	Phone #	Position	Years Acquainted

POLICE APPLICANTS ONLY

Are you currently licensed as a Peace Officer in North Dakota? Yes No

Are you currently eligible for a license from the North Dakota Post Board? Yes No

If no, when will you be taking the North Dakota Post Board examination and/or reciprocity exam? _____

ADDITIONAL INFORMATION

- Please list any additional acquired skills, knowledge or experience you would like considered in assessing your qualifications for this position.

All Applicants, Please Read Carefully Before Signing.

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to all rules and regulations established by the City of Walhalla. I understand that if I am employed, it is at-will and that my employment may be terminated at any time by the City of Walhalla without liability for wages.”

Applicant’s Signature _____

Date: _____