

KENMARE A POLICE A PO

5 3rd St. NE, Kenmare, ND 58746 (701)-385-4411 ● Fax:701-385-4422 ● E-mail: kenmarepd@gmail.com

- Follow Instructions Carefully - Provide Detail – Do Not Use "See Resun - If Accommodation or Assistance is Need	ne" - F	Print or Type	ors Before Sub Contact the Em	_
Position(s) Applying For:	harman Ki		- 4:	
General Information				
Name (Last, First, Middle Initial)	Social Security Number Ho		Home Phone	# Cell Phone #
Mailing Address	City	State	Zip Code	Email Address
Can you provide proof, if hired, that you ar	e eligible to work in the	United State	es? Yes	No
Are you related a member of the City Coun If yes, please give name and relationship Have you ever been convicted of a crime of If yes, please explain (Convictions are not absolute bar to employment, but	ther than a minor traffi	c violation?	Yes Yes	No No
Are you currently employed? Yes Date available to work?	_	contact you	r employer?	Yes No
If the position you are applying for involves information:	s the operation of a mo			the following
Have you received any moving violations ir If yes, please explain:	n the last three years?	Yes	No	
Driver's License or Operator's License Num	ber:		State	e:
How did you learn about this opening?				
Is there any type of work which your physician not to perform certain types of w			have you ever	been advised by a



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ence				
Yes	No	Must A	ttach DD-214, Report of	Separation
Yes	No	& a lett	Must Attach DD-214, Report of Separation & a letter less than one year old from the VA indicating disability	
Yes	No No	& a lett	Must Attach DD-214, Report of Separatio & a letter less than one year old from the VA indicating disability	
Yes	No		Must Attach DD-214, Report of Separation, & Veteran's Death Certificate	
or Training		Yes No		ŧ
ress (College, ocational, or	Course of Study	Last Year Completed	Diploma or Degree Earned	Did You Graduate?
				Yes No
				Yes No
				Yes No
	Yes Yes Yes ND resident and have service medal during Training h School or receives (College,	Yes No Yes No No No No No No No No No No	Yes No Must A & a lett VA indi Yes No Must A & a lett VA indi Yes No Must A & a lett VA indi Yes No Must A & VA indi Yes No Must A & Vete ND resident and have served in the active military forces during service medal during an emergency condition and must have be correspond to the service of the serv	Yes No Must Attach DD-214, Report of & a letter less than one year of VA indicating disability Yes No Must Attach DD-214, Report of & a letter less than one year of VA indicating disability Yes No Must Attach DD-214, Report of & a letter less than one year of VA indicating disability Yes No Must Attach DD-214, Report of & Veteran's Death Certificate ND resident and have served in the active military forces during a period of war or received the service medal during an emergency condition and must have been released under other than Dr Training Training h School or receive a GED? Yes No ress (College, Course of Last Year Diploma or Degree)



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

- Start with your current job 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.
- Please make additional copies if you have additional employment history.

1.) Employer	Telephone Number	Supervisor's Name	B B 80 B
Type of Business	Address		
Your Job Title	Dates Employed (Indicate months & years) From: To: Average Hours Worked Per Week		
Duties:			
Monthly Salary	Reason for Leaving or Reason for Considering Leaving if Still Employed		
2.) Employer	Telephone Number	Supervisor's Name	
Type of Business	Address		
Your Job Title	Dates Employed (Indicate months & years) From: To: Average Hours Work Per Week		Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving or Reason for Considering Leaving if Still Employed		
3.) Employer	Telephone Number	Supervisor's Name	
Type of Business	Address		
Your Job Title	Dates Employed (Indicate months & years) From: To: Average Hours Worked Per Week		
Duties:			a . °
Monthly Salary	Reason for Leaving or F	Reason for Considering	Leaving if Still Employed



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Additional Employment History

4.) Employer	Telephone Number	Supervisor's Name	
Type of Business	Address		
Your Job Title	Dates Employed (Indicate months & years) From: To: Average Hours Worked Per Week		
Duties:		9 9 9 9 P	
Monthly Salary	Reason for Leaving or Reason for Considering Leaving if Still Employed		
5.) Employer	Telephone Number	Supervisor's Name	
Type of Business	Address		
Your Job Title	Dates Employed (Indicate months & years) From: To: Average Hours Worked Per Week		Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving or	Reason for Considering	Leaving if Still Employed
6.) Employer	Telephone Number	Supervisor's Name	
Type of Business	Address		
Your Job Title	Dates Employed (Indicate months & years) From: To: Average Hours Worked Per Week		
Duties:			
Monthly Salary	Reason for Leaving or	Reason for Considering	g Leaving if Still Employed



KENMARE POLICE DEPARTMENT

Personal References (Please Include both personal and employment references who have definite knowledge of your qualifications, skills, and abilities to perform the position you are applying for)

A LA Directivo		
1.) Name	Telephone Number:	
Knows Applicant Through:	Address:	
Length of time reference has known applicant:	T PD 05 C 250 15 E 051 T	
2.) Name	Telephone Number:	
Knows Applicant Through:	Address:	
Length of time reference has known applicant:		
3.) Name	Telephone Number:	
Knows Applicant Through:	Address:	
Length of time reference has known applicant:		
4.) Name	Telephone Number:	
Knows Applicant Through:	Address:	
Length of time reference has known applicant:	*	
5.) Name	Telephone Number:	
Knows Applicant Through:	Address:	
Length of time reference has known applicant:		



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Certification and Agreement: Please Read Before Signing

I certify that all information contained in this application and my attachments is true and complete to the best of my knowledge. I understand that any 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. I authorize the City of Kenmare to contact my reference and verify the information that is obtained. 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. I hereby acknowledge that if offered a position with City of Kenmare, my appointment will include a probationary period of a minimum of at least three months.

I certify that I will hold no person, corporation, or organization liable for giving or receiving information on the investigation.

Applicant's Signature:	Date:
ALL INFORMATION PROVIDED IS SUBJECT TO	O THE NORTH DAKOTA OPEN RECORDS LAW

Equal Opportunity Employer Statement

The City of Kenmare 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.

Policy of Non-Discrimination on The Basis of Disability

The Kenmare Police Department does not discriminate on the basis of disability in the admission, or access to, or treatment, or employment in, its programs or activities.

MAIL APPLICATION TO:

City of Kenmare PO Box 816 Kenmare, ND 58746