

Office of Human Resources
McFarland Hall 208
Valley City State University
101 Southwest College Street
Valley City, ND 58072

VALLEY CITY STATE UNIVERSITY

As an Equal Opportunity/Affirmative Action Employer, Valley City State University encourages applications from minorities, women, and disabled persons, and pledges not to discriminate with respect to race, color, national origin, religion, sex, age, marital status, sexual orientation, status due to receipt of public assistance, or disability as specified in Federal Regulations.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION!

Each application is screened according to the information provided on the application. If a question does not pertain to you or the position for which you are applying, write in the letters "NA" (NON-APPLICABLE). Please use ink and print or use a

An applicant must submit an application for each position vacancy. Applications become inactive at the close of the hiring process.

TITLE OF POSITION APPLYING FOR: _____

DATE: _____
Last Name Middle

ADDRESS: _____
Number Street Apt.
City State Zip Code

PHONE: _____ Eligible for US employment _____

Date available for work: _____ How did you learn of vacancy? _____

Have you ever been employed at Valley City State?
If yes, under what name? _____

Are you under 16? _____

Do you have a valid driver's license? _____ Class Type _____

Applicants must be eligible to work in U.S. and I-9 employment certification is required at hire.

MILITARY SERVICE: If claiming military preference, D.D. 214 must be attached.
U.S. Military Veteran? _____ Military Disabled Veteran
* If YES, copies of VA statement must be attached

APPLICANT CERTIFICATION AND AGREEMENT (Must be signed)

I authorize investigation as to my record with any or all of my former employers with no liability arising therefrom. I understand that any false information on this application and/or any attachment(s) to this application may be sufficient reason for dismissal, whenever discovered.

SIGNATURE _____ DATE _____

List special abilities and qualifications you possess that pertain to the position for which you have applied. Include related certifications, membership in professional societies, publications and software applications.

NAME

DATE

*** EDUCATIONAL DATA:**

Elementary/High School

Graduated

Check highest grade completed:

Technical/ or Business
School

Name: _____

Graduated

Address: _____

Major _____

Degree _____

Check number of years completed:

College/ University

Name: _____

Graduated

Address: _____

Major _____

Degree _____

Check number of years completed:

College/ University

Name: _____

Graduated

Address: _____

Major _____

Degree _____

Check number of years completed:

***EMPLOYMENT RECORD: (List present or most recent employer first and include volunteer/unpaid experiences.)**

Firm Name: _____

Type of Business: _____

Address: _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Phone Number: _____

Position Held: _____

Starting Salary: _____

Starting Date
Mo/Yr _____

Hours
Worked
per _____

If currently employed may we
contact your employer for a
reference?

Ending Salary: _____

Ending Date
Mo/Yr _____

Describe Duties and Responsibilities: _____

Reason for Leaving: _____

+A resume may be beneficial and may be attached to this application.

***If you need more room to list your employment record or educational data, supplemental sheets are available.**

***EMPLOYMENT RECORD: (List present or most recent employer first and include volunteer/unpaid experiences.)**

Firm Name: _____

Type of Business: _____

Address: _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Phone Number: _____

Position Held: _____

Starting Salary: _____

Starting Date
Mo/Yr _____

Hours
Worked
per _____

If currently employed may we
contact your employer for a
reference?

Ending Salary: _____

Ending Date
Mo/Yr _____

Describe Duties and Responsibilities: _____

Reason for Leaving: _____

Firm Name: _____ Type fo Business: _____ Address: _____

Supervisor's Name: _____ Supervisor's Title: _____ Supervisor's Phone Number: _____

Position Held: _____

Starting Salary: _____ Starting Date: _____ Hours Worked per wk: _____ If currently employed may we contact your employer for a reference?

Ending Salary: _____ Ending Date: _____ Mo/Yr: _____

Describe Duties and Responsibilities: _____

Reason for Leaving: _____

Firm Name: _____ Type of Business: _____ Address: _____

Supervisor's Name: _____ Supervisor's Title: _____ Supervisor's Phone Number: _____

Position Held: _____

Starting Salary _____ Starting Date: _____ Hours Worked per wk: _____ If currently employed may we contact your employer for a reference?

Ending Salary _____ Ending Date: _____ Mo/Yr. _____

Describe Duties and Reponsibilities: _____

Reason for Leaving: _____