



# Grand Forks - East Grand Forks Metropolitan Planning Organization

## Application For Employment

(PLEASE PRINT OR TYPE)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or physical disability. The Grand Forks-East Grand Forks Metropolitan Organization is an Equal Employment Opportunity Employer.

### PERSONAL HISTORY

		Date:	
Last Name:		First Name:	
		Middle Name:	
Street Address:		City, State:	
		Zip Code:	
Home Phone:		Cell Phone:	
Work Phone:		E-Mail:	
Are you at least 18 Years Old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon employment, can you show verification of your legal right to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### POSITION INFORMATION

Position Applying For:		Desired Salary:	
How were you referred?		Date Available:	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Web Site <input type="checkbox"/> Job Service ND <input type="checkbox"/> Other			
Have you ever been employed with us before: If yes, give dates of employment: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? (Required)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your driver's license ever been suspended or revoked: (Answer only if applicable to position applied for.) If yes, provide details (include what, when, where, disposition)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### CONVICTION

Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A conviction does not automatically disqualify you from employment with the GF/EGF MPO. The nature of the offense, how long ago it occurred, relationship to this job, etc., are taken into consideration.
Nature of Offense(s) – Date of Conviction	Name, Location of Court	
Was the nature of the offense a Felony or Class A Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### RECORD OF EDUCATION

School	Name/Address Of School	Course Of Study	Last Year Completed	Did You Graduate?	List Diploma Or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT**

EMPLOYER:	ADDRESS:	CITY/STATE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION TITLE:	DATES EMPLOYED:	START/END PAY RATE:
	From: To:	
WORK PERFORMED: Describe In Detail		
REASON FOR LEAVING: Be Specific		

EMPLOYER:	ADDRESS:	CITY/STATE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION TITLE:	DATES EMPLOYED:	START/END PAY RATE:
	From: To:	
WORK PERFORMED: Describe In Detail		
REASON FOR LEAVING: Be Specific		

EMPLOYER:	ADDRESS:	CITY/STATE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION TITLE:	DATES EMPLOYED:	START/END PAY RATE:
	From: To:	
WORK PERFORMED: Describe In Detail		
REASON FOR LEAVING: Be Specific		

*\* You may attach a resume or any additional employment history, education, or training you feel is relevant or would like us to consider.*

**State whether you have ever been terminated or suspended from any previous employment and describe circumstances**

--



# MILITARY SERVICE RECORD

POSITION APPLIED FOR:			
LAST	FIRST	MIDDLE	SOCIAL SECURITY #
BRANCH/DUTY LOCATION	MILITARY SPECIALITY	SPECIAL HONORS/TRAINING/SERVICE SCHOOLS	
DATES OF DUTY	FROM:	TO:	RANK AT DISCHARGE
TYPE OF MILITARY DISCHARGE:			

- **A copy of Form DD214 Member-4, Certificate of Discharge or Separation from Active Duty from an Eligible Campaign or Expedition which qualifies for Veteran's Preference, or other official documents issued by the branch of service are required as verification of eligibility at the time of this prescribed application deadline if you wish to claim Veteran's Preference.**

I am claiming Veteran's Preference:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I have attached a copy of my DD214 Member-4 or other official documentation of separation as listed above:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**I qualify for Veteran's Preference in employment under the following category:**

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veteran's Affairs and the Department of Defense, or honorably discharged veteran who has a service connected compensable disability;
  - 2. A spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power;
  - 3. A veteran of any war who has served on active duty for one (1) day or more during a wartime period, excluding acting duty for training, and who is discharged under honorable conditions from the Armed Forces of the United States of America.
  - 4. The un-remarried widow or widower of a veteran who died of a service connected disability.
- **Veteran's Administration Certification of at least 10% disability is required at the time of application if you wish to claim Disabled Veteran's Preference.**

I am claiming Disabled Veteran's Preference:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I have attached certification of at least 10% disability:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## **EQUAL EMPLOYMENT OPPORTUNITY FORM**

We invite you to complete the enclosed Equal Employment Opportunity Survey and return it to our Human Resources Division in the enclosed envelope.

This information will be kept separate from your application and is used for statistical purposes only.

Submission of this information is completely voluntary and will be kept confidential.

Thank you,

Peggy McNelis, Office Manager

Enclosures

# EQUAL EMPLOYMENT OPPORTUNITY SURVEY

## Grand Forks-East Grand Forks Metropolitan Planning Organization

### TO ALL APPLICANTS: IMPORTANT

The information requested on this sheet regarding race, sex, age, and handicap status is needed to analyze and assure compliance with State and Federal Equal Employment Opportunity Laws and to meet the reporting requirements of those laws. Your cooperation is **Voluntary**. Giving this information is important to the success of our Equal Employment Opportunity Programs.

This application Identification Sheet will be detached and kept separate from your application. It is not to be used in hiring or interviewing. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide the information will not subject you to adverse treatment.

This information is sought not for employment decisions, but for record keeping in compliance with Federal Law.

### INSTRUCTIONS:

- (A) Write your **Social Security Number** on the lines below. Make sure this number corresponds to the number entered on page one (1) of the MPO Application for Employment. NOTE: No benefits or employment privileges provided by law will be denied because of refusal to disclose your Social Security Number.
- (B) Indicate your choice of responses for items 1 through 5 by making an (X) mark on the appropriate line.
- (C) In item #3 write the position for which you are applying.
- (D) Do not detach this survey from this application; it will NOT become part of your file and will be destroyed upon recording.

1. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. SEX:            MALE \_\_\_\_\_            FEMALE \_\_\_\_\_

3. POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

4. CURRENT DATE: \_\_\_\_\_

5. RACIAL/ETHNIC DATA: Please indicate yourself in terms of the racial/ethnic groups below. FOR DEFINITIONS OF GROUPS, REFER TO BOTTOM OF PAGE:

- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Asian or Pacific Islander
- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Black (Not of Hispanic Origin)
- \_\_\_\_\_ White (Not of Hispanic Origin)

- |                                     |                                                                                                                                                                                                                                            |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| “Hispanic”                          | All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.                                                                                                             |
| “Asian or Pacific Islander”         | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan Korea, the Philippine Islands, and Samoa. |
| “American Indian or Alaskan Native” | All persons having origins in any of the original peoples of North America, and who maintain a cultural identification through tribal affiliation or community recognition.                                                                |
| “Black”<br>(Not of Hispanic Origin) | All persons having origins in any of the black racial groups of Africa.                                                                                                                                                                    |
| “White”<br>(Not of Hispanic Origin) | All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.                                                                                                                                     |



**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION  
REGARDING BACKGROUND CONSUMER REPORTS**

*(Important: Please read carefully before signing)*

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during our employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer-reporting agency. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law. The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

**(A Copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" is included with this authorization)**

Printed Full Name Of Applicant: \_\_\_\_\_

Other Names Used & Date Changed: \_\_\_\_\_  
(Including Maiden Name) (Year Changed)

Telephone Number(s): \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Month/Year) (Street) (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
(Month/Year) (Street) (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
(Month/Year) (Street) (City) (State) (Zip)

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month, Day, Year)

(if applicable) Driver License # \_\_\_\_\_ State \_\_\_\_\_

(if applicable) Professional License(s): \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ # \_\_\_\_\_

Have you ever been charged with or convicted of a Misdemeanor or Felony crime: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in some detail, including what county and state, and in what year:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Grand Forks-East Grand Forks Metropolitan Planning Organization and/or Global Safety Network and their agents, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract with the company). A photocopy of this document may be substituted for the original.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MN/CA/OK Residents Only): Do you wish to receive a copy of your consumer report? Yes \_\_\_\_\_ No \_\_\_\_\_