



Position for which you are applying _____

Full-Time Part-Time/Seasonal

Circle Days Available Sun. M T W Th F Sat.

If hired, when could you start? _____

PART I

Name _____
 Address _____
 City, State, Zip _____
 Daytime Phone () _____
 Evening Phone () _____
 E-mail _____

Are you 18 years or older? Yes No

Are you a US citizen? Yes No

Have you worked for us before? Yes No

If so, when? _____

Position held? _____

PART II - EDUCATIONAL PREPARATION (High School, College/Trade School)

Name of School, City, State	Course of Study	Degree	Date of Graduation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PART III - MILITARY

Beginning Date: _____ to _____ Branch: _____

Do you claim Veteran's Preference? No Yes - Must attach DD-214, Report of Separation

Do you claim Disabled Veteran's Preference? No Yes - Must attach DD-214, Report of Separation, and a letter less than one year old from the Veteran's Administration indicating disability

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 NDCC 37-19.1.

PART IV - WORK EXPERIENCE (List last two jobs held, including your current job)

Company _____ Phone () _____

Supervisor _____ Beginning Date _____ to _____

May we contact your current employer? Yes No

If no, please explain: _____

Reason for leaving? _____

Briefly describe work performed _____

Company _____ Phone () _____

Supervisor _____ Beginning Date _____ to _____

Reason for leaving? _____

Briefly describe work performed _____

PART V - EQUIPMENT/MACHINES OPERATED

PART VI - OTHER EXPERIENCE/TRAINING, LICENSES/CERTIFICATES

List any special qualifications relevant to the position for which you are applying and are not covered elsewhere in your application (such as technical skills and/or computer, childcare training, CPR, First Aid, WSI, Lifeguard certification, etc.) For licenses and certificates, you must include date and place of issuance, date of expiration and be able to present a copy of certification if hired.

PART VII - REFERENCES (persons who can speak of your job/professional qualifications)

Name _____ Relationship _____
Address _____ Phone () _____
City, State _____ Zip _____

Name _____ Relationship _____
Address _____ Phone () _____
City, State _____ Zip _____

PART VIII - GENERAL INFORMATION

Driver's License? Yes No If so, ID number _____
State issued _____ Class _____

Has license been suspended or revoked in the last three years? Yes No

If yes, give details: _____

Have you ever been convicted of a felony? Yes No

If yes, answer the following: State Charged: _____ County Charged: _____

Charge took place in: Federal Court State Court Explain: _____

Have you ever been convicted of any offense involving a crime against a child including, but not limited to, the sexual molestation, physical or sexual abuse or rape of a child? Yes No

If yes, answer the following: State Charged: _____ County Charged: _____

Charge took place in: Federal Court State Court Explain: _____

Have you ever been convicted of any misdemeanor within the last 10 years? Yes No

If yes, answer the following: State Charged: _____ County Charged: _____

Charge took place in: Federal Court State Court Explain: _____

Are there currently any criminal charges pending against you? Yes No

If yes, answer the following: State Charged: _____ County Charged: _____

Charge took place in: Federal Court State Court Explain: _____

In cast of an emergency, notify: _____

PART IX - AUTHORIZATION

I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND AND AGREE THAT ANY MISSTATEMENT WILL BE GROUNDS FOR DISQUALIFICATION OR DISMISSAL FROM EMPLOYMENT BY THE BISMARCK PARK DISTRICT.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, TO INCLUDE A BACKGROUND CHECK AND RELEASE THE BISMARCK PARK DISTRICT OF ANY LIABILITY AND ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I UNDERSTAND BY PROVIDING INFORMATION ON THIS APPLICATION THAT THERE IS NO CONTRACTUAL OR IMPLIED AGREEMENT BETWEEN ME AND THE BISMARCK PARK DISTRICT.

Applicant Signature _____

Date _____

Complete and return application to:
Bismarck Parks and Recreation District
400 East Front Avenue
Bismarck, ND 58504

Website: www.bisparks.org
E-mail: bisparks@bisparks.org
Phone: (701) 222-6455
Fax: (701) 221-6838

EQUAL OPPORTUNITY EMPLOYER

Consumer Report / Investigative Consumer Report
 (Including Substance-Abuse Testing / Drug Testing)
Disclosure and Release of Information Authorization

Through this document, it is being disclosed to me and I understand that a **Consumer Report** or **Investigative Consumer Report** ("Consumer Report") may be prepared about me as part of my application for employment and/or continued employment.

I authorize **Bismarck Parks & Recreation District** to procure a Consumer Report from **Verifications, Inc.**, and I authorize Verifications, Inc., a US-based Safe Harbor Certified Consumer Reporting Agency, and its agents, to retrieve necessary information and prepare such Consumer Report. I understand that a Consumer Report may be prepared summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living.

I understand substance-abuse testing/drug testing may be a requirement of the position for which I am applying, or the position I wish to retain. I consent to this testing and understand I must pass the substance abuse test/drug test as a condition of employment or continued employment. I hereby authorize any physician, laboratory, hospital or medical professional designated by the above-named company to conduct such testing and release the results to authorized representative/s of the above-named company and/or Verifications, Inc. I understand only drug test results will be provided to and reviewed by a Verifications Inc. Medical Review Officer (MRO) and that MRO may discuss the results of the drug test with me and ask about medical information specifically related to these drug test results. I understand that when this review is completed, only the drug test result will be provided by the MRO to the above named company.

I understand that Verifications may transmit my personal information to its agents and information sources as necessary throughout the course of business. I may request a list of designated agents by contacting Verifications, Inc. at the address listed below. I understand and authorize that some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders.

I may request a copy of any report that is prepared regarding me and "A Summary of Your Rights under the Fair Credit Reporting Act." I may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201, USA. Phone 1-800-247-0717 / +1 605-884-1200**

May your current employer be contacted? YES Not Currently Employed Post Hire Only

California: Are you employed in, seeking employment in, or a resident of California? YES NO

California, Minnesota or Oklahoma: Are you employed in, seeking employment in, or a resident of one of these States? YES NO If YES, do you wish to receive a copy of any Consumer Report of which you are the subject? YES NO

All Other US States: Please contact Verifications at 1-800-247-0717 or the address above to request a copy of your consumer report.

Maine and New York: You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named company.

I authorize the above-named company to procure a Consumer Report about me from Verifications, Inc. I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company this authorization will remain in effect throughout such employment unless prohibited by applicable law or I withdraw my authorization in writing.

Signature _____ Social Security Number _____ Date _____

Guardian Signature _____ Date _____ **(Please only have Guardian sign if you are under 18 years old)**

NOTE: Do not provide the following information until you have read and signed the *Disclosure and Release of Information Authorization* above. The information requested below is needed to conduct your background investigation and IS NOT considered part of your application. **PLEASE PRINT CLEARLY.**

Last Name	First Name	Middle Name	Date of Birth (spell month)
Street Address		City	
State/Province	Country		ZIP/Postal Code
Driver's License No.	Country/State of License	Expires On	
List any other COUNTRIES, CITIES, and STATES in which you have lived during the previous 7 years			
List any other LAST NAMES you have used during the previous 7 years			
List any other LAST NAMES under which you received your GED, high school diploma, or other academic credentials.			

If you have experience or qualifications from outside the USA, please request and complete an International Supplement.