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	(If accommodation of			blication or interview process		5409.)	
Dakota College at Bottineau is committed to equal employment opportunity in compliance with all applicable federal and state laws. MSU- Bottineau encourages applications from minorities, women, Vietnam Era and disabled veterans, and disabled persons and pledges not to discriminate with respect to race, color, national origin, age, religion, gender, or disability. * Applications are accepted only for open positions. We do not keep applications on file. AN APPLICANT MUST SUBMIT AN APPLICATION FOR EACH POSITION VACANCY. * Please complete all sections of the application. A resume may be included with your application, but cannot be used in place of an employment application.							
POSITION APPL	YING FOR:						
Position Title:	osition Title: Position #			Department:			
PERSONAL INF							
Name: First	Middle	Last		Social Security No.	ŀ	Home Telephone No.	
Mailing Address		City	Sta	ate Zip Code	Da	te available for employmen	
PREVIOUS STA	TE EMPLOYMENT:						
		0	n North Dakot	a? 🗌 No 🛛 Yes. If yes, wha	at institution?		
nd what is/was yo	our Employee ID (EmplID)	or NAID?					
ave you ever beer yes, what institution		0		or by any State Agency within N your Employee ID (EmpIID) or N		Yes.	
•	÷ ,						
/eterans are entitle itizen at the time o	ed to preference, over all	other applicants, in recruitmen ent. Veterans claiming prefe	nt and selection	VISH TO CLAIM VETERAN [®] on processes by governmental a ubmit all proof of eligibility by the	gencies, provided that such		
DO YOU CLAIM VE	ETERAN'S PREFERENC	E? 🗌 NO	YES: if	yes, attach Report of Separation	DD-214 and list dates of se	ervice	
OO YOU CLAIM DI	SABLED VETERAN'S PE		YES: If	yes, attach Current VA Disability	Certification and Report of	Separation DD-214.	
DO YOU CLAIM SF	POUSE OF A DISABLED	VETERAN'S PREFERENCE	? 🗌 NC		of marriage certificate, DD- stration indicating disability	-214, & letter less than 1 y	
OO YOU CLAIM SF	POUSE OF A DECEASE	D VETERAN'S PREFERENC	E? 🗌 NC	YES: If yes, attach copy certificate	of marriage certificate, DD-	-214, & veteran's death	
				the active military forces during			
other than dishonor	rable conditions. Applicat		ence must atta	service medal during an emerge ch a copy of REPORT OF SEPA ng such disability.			
EDUCATION AN	ID/OR TRAINING:						
Did you receive a h	igh school diploma or GE	D? NO YES					
Vocational/Techni address	cal School name and	Major/Minor:		Highest degree completed:	Degree:		
College name and	address:	Major/Minor:		Highest degree completed:	Degree:		
Graduate School r	name and address:	Major/Minor:		Highest degree completed: □ 1 □ 2 □ 3	Degree:		

Provide information on education/training and professional achievements not covered above:

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EDUCATION AND/OR TRAINING (con/t):					
Computer hardware and software skills:					
From the list below, indicate your competency level with the following software: E = expert, C = competent, F = familiar, N = unfamiliar					
Word Procesing (ex, MS-Word, WordPerfect, etc 🛛 E 🔤 C 🔤 F 🔲 N	Spreadsheets (ex, Excel, lotus 123, etc.) 🗌 E 🔤 C 🔤 F 🔲 N				
Database (ex, Access, etc.) E C F N	Web Design B C F N				
List special skills or knowledge relevant to this position:					
EMPLOYMENT HISTORY: Be specific, complete and accurate. This information may be used to determine if your application will be accepted.					
Start with your present or most recent job. Include armed forces service, any self-employment and volunteer work. If you need additional space, attach separate sheets using this same format.					

Employer	Describe your specific duties, responsibilities, supervision, etc.			
Kind of business				
City and State				
Position Title				
Name and title of your immediate supervisor:				
Part time Full Time Hours worked per week				
From (Month and Year) To (Month and Year)	If still employed, may we contact your employer? No			
Reason for leaving				
Employer	Describe your specific duties, responsibilities, supervision, etc.			
Kind of business				
City and State				
Position Title				
Name and title of your immediate supervisor:				
Part time Full Time Hours worked per week				
From (Month and Year) To (Month and Year)				
Reason for leaving				
Employer	Describe your specific duties, responsibilities, supervision, etc.			
Kind of business				
City and State				
Position Title				
Name and title of your immediate supervisor:				
Part time Full Time Hours worked per week				
From (Month and Year) To (Month and Year)				
Reason for leaving				

Please provide any additional information about your education, work experience, skills and accomplishments that may more fully describe your qualifications and capabilities	;
as they apply to the position for which you are applying:	

Your answers to the following questions will not render you ineligible for further consideration.

Are you legally authorized to work in the U.S.?
No Yes

Will you now or in the future require sponsorship for an employment visa status?

Applicants must be eligible to work in the U.S.; I-9 employment certification is required at the time of hire.

CERTIFICATION: PLEASE READ BEFORE SIGNING

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any false statements or misleading omissions by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate dismissal after employment. I authorize Dakota College at Bottineau to verify my employment, educational background and other information supplied in my application file. This application and all associated materials are open records in accordance with North Dakota Century Code 44-04-18.

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_ Date ___

All information provided is subject to the North Dakota Open Records Law. As an employer, the State of North Dakota prohibits smoking in all places of state employment.



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