



**KIDDER COUNTY COUNCIL ON AGING
KIDDER COUNTY SENIOR SERVICES & PUBLIC TRANSIT
202 1ST AVE. NW, STEELE, ND 58482
(701) 475-2708**

APPLICATION FOR EMPLOYMENT

QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR DISABILITY.

DATE: _____

NAME: _____
FIRST LAST PHONE EMAIL

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

POSITION APPLING FOR: _____ FELONY CONVICTIONS **Y** or **N** *(Please talk with Director.)*

AVAILABLE START DATE: _____ DESIRED SALARY (Per Hour): _____

- DO YOU HAVE A RELIABLE VEHICLE or A RELIABLE WAY TO GET TO WORK? **Y** or **N**
- CAN YOU? *LIFT OVER 40# **Y** or **N**, *KNEEL **Y** or **N**, *SQUAT **Y** or **N**, *STAND, UP TO 2+ HOURS **Y** or **N**
- NUMBER OF YEARS IN KIDDER COUNTY OR SURROUNDING AREA: _____

"IF" APPLYING FOR DRIVING POSITIONS:

YOU MUST HAVE A VALID NORTH DAKOTA DRIVER'S LICENSE **Y** or **N**, **You will need to pass the DOT Drug Test and be willing to submit to their quarterly random testing. You will need to read and sign the KCSS PUBLIC TRANSIT POLICIES.*

PREVIOUS JOBS/EXPERIENCE (COMPANY/PERSON, YEARS & CONTACT INFO):

LIST PERSONAL REFERENCES: (name, phone)



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I UNDERSTAND AND AGREE THAT:

1. ANY MATERIAL MISREPRESENTATION OR DELIBERATE OMISSION OF A FACT IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT.
2. IT IS MY UNDERSTANDING THAT KIDDER COUNTY COUNCIL ON AGING WILL MAKE A THOROUGH INVESTIGATION OF MY ENTIRE WORK HISTORY AND MAY VERIFY ALL DATA GIVEN IN MY APPLICATION FOR EMPLOYMENT, RELATED PAPERS, OR ORAL INTERVIEWS. I AUTHORIZE SUCH INVESTIGATION AND THE GIVING AND RECEIVING OF ANY INFORMATION REQUESTED BY KIDDER EMMONS SENIOR SERVICES.
3. ALTHOUGH MANAGEMENT MAKES EVERY EFFORT TO ACCOMMODATE INDIVIDUAL PREFERENCES, BUSINESS NEEDS MAY AT TIMES MAKE THE FOLLOWING CONDITIONS MANDATORY: OVERTIME, SHIFT WORK, A ROTATING WORK SCHEDULE, OR A WORK SCHEDULE, OTHER THAN MONDAY THROUGH FRIDAY. I UNDERSTAND AND ACCEPT THESE AS CONDITIONS OF MY INITIAL AND CONTINUING EMPLOYMENT.
4. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED.
5. I UNDERSTAND THAT IF I AM EMPLOYED BY KIDDER COUNTY COUNCIL ON AGING/KIDDER EMMONS SENIOR SERVICES, SUCH EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND THAT SAID EMPLOYER CAN CHANGE HOURS, BENEFITS, AND OTHER CONDITIONS OF EMPLOYMENT AT ANY TIME AS NEEDED.

I, _____, HAVE READ AND UNDERSTAND THE ABOVE. I AGREE TO THE ABOVE STATEMENTS AS CONDITIONS FOR CONSIDERATION AS AN APPLICANT FOR A POSITION WITH KIDDER COUNTY COUNCIL ON AGING/KIDDER SENIOR SERVICES.

SIGNATURE

DATE