



**APPLICATION FOR EMPLOYMENT**  
*The Village Family Service Center*  
**PO Box 9859**  
**Fargo ND 58106 9859**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Director of the Region/Program where the interview will take place. The Village Family Service prohibits smoking in all places of employment and company vehicles in accordance with state law.

Position applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Referred by Village Employee

\_\_\_\_\_ Internet: \_\_\_\_\_  
Web address

\_\_\_\_\_ Newspaper: \_\_\_\_\_  
Title of newspaper

\_\_\_\_\_ Other: \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?..... Yes No

Have you ever been employed with us before?..... Yes No

Do you know anyone at The Village? ..... Yes No

If yes, how? \_\_\_\_\_

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Type of employment desired \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary/Contract

Are you legally eligible for employment in this country?..... Yes No

Proof of citizenship or immigration status will be required upon employment.

**EDUCATIONAL BACKGROUND** (If job related)

Name and Location	Diploma/Degree	Yrs Completed	Course of Study
High School			
Undergraduate College			
Graduate Professional			
Other (specify)			

## **SKILLS AND QUALIFICATIONS**

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

---

---

## **EMPLOYMENT HISTORY**

Start with your present or last job.

Employer: _____ Address _____ Phone _____ Job Responsibilities _____ Hourly Salary (Starting) _____ (Final) _____	From _____ to _____ Job Title _____ Supervisor _____ Reason for Leaving _____
Employer _____ Address _____ Phone _____ Job Responsibilities _____ Hourly Salary (Starting) _____ (Final) _____	From _____ to _____ Job Title _____ Supervisor _____ Reason for Leaving _____
Employer _____ Address _____ Phone _____ Job Responsibilities _____ Hourly Salary (Starting) _____ (Final) _____	From _____ to _____ Job Title _____ Supervisor _____ Reason for Leaving _____
Employer _____ Address _____ Phone _____ Job Responsibilities _____ Hourly Salary (Starting) _____ (Final) _____	From _____ to _____ Job Title _____ Supervisor _____ Reason for Leaving _____

## **REFERENCES**

NAME	TELEPHONE	YEARS KNOWN

## APPLICANT'S STATEMENT

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 30 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that I am required to abide by all rules and regulations of the employer.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



An Equal Opportunity, Affirmative Action Employer  
**Applicant Survey Form**

---

Last name

First name

Middle initial(s)

---

Date

Position(s) for which you are applying

---

**Please read carefully:**

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. \* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

**Race/Ethnicity – Select one or more**

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Disability - Are you a person with a disability?**

- Yes
- No

**Sex – Select one**

- Female
- Male

\* **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.