



**West Fargo Park District**  
**500 13<sup>th</sup> Ave. W**  
**West Fargo, ND 58078**  
**P: 701-433-5360 F: 701-433-5369**  
**wfparks.org**

**Application for Employment**  
*\*Please Print \*Must complete in full*

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. We are an Equal Opportunity Employer.

**Position(s) Applying For:** \_\_\_\_\_  Full-time  Part-time/Seasonal  
 Shifts you are willing to work: \_\_\_\_\_ Check the days available to work:  
 Day  Evening  Split Shift  M  T  W  Th  F  Sat  Sun

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_ **Are you a US citizen?**  Yes  No  
**Address:** \_\_\_\_\_ **Have you worked for us before?**  Yes  No  
**City, State, Zip:** \_\_\_\_\_ If so, when? \_\_\_\_\_ Position \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Do you have a valid driver's license?**  Yes  No  
**Cell Phone:** \_\_\_\_\_ **Are you 18 yrs or older?**  Yes  No  
**Email:** \_\_\_\_\_ If under 18, Age \_\_\_\_\_

**Have you ever been convicted of a felony?**  Yes  No  
*Convictions will not necessarily disqualify an applicant from employment.*  
 If yes, please 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 minor?**  Yes  No  
 If yes, please explain \_\_\_\_\_

**Have you served in the Armed Forces of The United States?**  Yes  No

**Are you claiming Veteran's Preference under North Dakota State?**  
 Yes  No You must submit a DD214 verifying each claim.

**EDUCATION**

	Name / Address of School	Course of Study / Major	Years	Diploma / Degree
High School				
College				
Other				

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name	Job Position / Title	Start / End Date	Job Duties / Responsibilities

## REFERENCES

Please give the names of 2 references (other than relatives) who can provide information as to your character and/or job/professional training.

Name	Address	Phone Number

### Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills & qualifications from employment or other experience.

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### Applicant's Statement

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.

I authorize investigation of all statements contained her-in 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. I understand by providing information on this application that there is no contractual or implied agreement between me and The West Fargo Park District.

\_\_\_\_\_

**Signature of Applicant** **Date**

**Return application to:** West Fargo Park District      **Questions?** Call; 701-433-5360  
 500 13<sup>th</sup> Avenue West      Email: [wfparksinfo@wfparks.org](mailto:wfparksinfo@wfparks.org)  
 West Fargo, ND 58078

## FOR WEST FARGO PARK DISTRICT USE ONLY

<p><b><u>Interview</u></b></p> <p>Yes    No</p> <p>Date: _____</p> <p>Time: _____</p> <p>Place: _____</p> <p>Hire:    Yes    No</p>	<hr/> <hr/> <hr/> <hr/> <hr/>
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