



**APPLICATION FOR EMPLOYMENT**  
 NORTH DAKOTA STATE ELECTRICAL BOARD  
 SFN 61953 (3-2021)

Position Applying For
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**GENERAL INFORMATION**

Name (Last, First, Middle Initial)	Telephone Number	Cell Phone Number	Email Address
Mailing Address	City	State	ZIP Code
As of the date of hire, will you be at least 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you ever been convicted of a crime (other than a minor traffic violation)? <i>(Note: Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements).</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain			
How did you learn about this opening?			

**VETERAN'S PREFERENCE**

- In order to claim veterans' preference, per North Dakota Century Code 37-19.1 the following conditions must be satisfied:
  - Served on continuous federalized active military duty for at least 180 days or the full period ordered to active military duty for reasons other than training and,
  - Released under other than dishonorable conditions; or
  - Honorably discharged from the national guard or a reserve unit located within North Dakota; and
  - Has completed a minimum of twenty years of service; or
  - Served in a combat zone.

<b>Veteran Status (descriptions below)</b> <input type="checkbox"/> None or N/A <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Un-remarried Spouse of Deceased Veteran	
<ul style="list-style-type: none"> <li>• <b>None:</b> Designates a nonveteran or not applicable.</li> <li>• <b>Veteran:</b> You must satisfy the condition of eligibility as stated above. Candidate must attach a copy of their DD Form 214 showing character of service.</li> <li>• <b>Disabled Veteran:</b> You must satisfy condition of eligibility as stated above and have a current disability rating with the Federal VA. Candidate must attach their DD Form 214 or NGB 22 showing character of service, along with a letter less than 1 year old from Veterans Affairs indicating disability.</li> <li>• <b>Spouse of Disabled Veteran:</b> Veteran must satisfy conditions of eligibility as stated above and have a 100% service-connected disability rating from the Federal Department of Veterans Affairs or 100% due to individual unemployability. Candidate must attach Veteran's DD Form 214 or NGB 22 showing character of service, a letter less than 1 year old from the Federal Veterans Affairs indicating disability and marriage certificate.</li> <li>• <b>Un-remarried Spouse of Deceased Veteran:</b> Veteran must have died while in service, or later died from service-connected cause or causes. Candidate must attach Veteran's DD Form 214 or NGB 22 showing character of service and/or, veterans death certificate and/or, letter from VA showing disability, and marriage certificate.</li> </ul>	
Military Service Start Date	Military Service End Date

- Failure to provide all documentation by the posted closing date may disqualify you from veteran's preference.
- Veterans' Preference does not apply to State Government Internships or current state employees.

**EDUCATION AND/OR TRAINING**

Type of School	Name of School	Location (City, State)	Number of Years Completed	Diploma or Degree
High School or GED				
College or Trade School				
College or Trade School				
Computer Skills, Related Volunteer Experience, and Other Education, Training and Skills				

**LICENSE OR CERTIFICATION**

License/Certification	State	Profession	License or Certification Number	Expiration Date

**EMPLOYMENT HISTORY**

- Employment history to be completed as follows:
  - Provide detail – do not use “see resume”.
  - Start with your current or last job – include armed forces services and self-employment.
  - Any change of job title under the same employer should be considered a separate position.

May We Contact Your Current Employer for a Reference? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable			
Employer	Telephone Number	Supervisor's Name	
Address	City	State	ZIP Code
Type of Business	Job Title	Dates Employed	Average Hours Worked per Week
Duties			
Monthly Salary	Reason for Leaving or Reason for Considering Leaving if Still Employed		

Employer	Telephone Number	Supervisor's Name	
Address	City	State	ZIP Code
Type of Business	Job Title	Dates Employed	Average Hours Worked per Week
Duties			
Monthly Salary	Reason for Leaving or Reason for Considering Leaving if Still Employed		
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Address	City	State	ZIP Code
Type of Business	Job Title	Dates Employed	Average Hours Worked per Week
Duties			
Monthly Salary	Reason for Leaving or Reason for Considering Leaving if Still Employed		
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Address	City	State	ZIP Code
Type of Business	Job Title	Dates Employed	Average Hours Worked per Week
Duties			
Monthly Salary	Reason for Leaving or Reason for Considering Leaving if Still Employed		

**Attach Additional Employment History If Needed**

**DIVERSITY**

- Our organization is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, applicants are invited to voluntarily self-identify their gender and their race or ethnicity.
- The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, data will be aggregated and will not identify any specific individual.

What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I decline to answer
Are you Hispanic or Latino? <input type="checkbox"/> Yes, I am Hispanic or Latino <input type="checkbox"/> No, I am not Hispanic or Latino
What is your race? Select one or more. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I decline to answer

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.

Applicant Signature	Date
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All information provided is subject to the North Dakota Open Records Law

**Equal Opportunity Employer**

The state of North Dakota and this hiring agency do not discriminate on the basis of race, color, national origin, sex, genetics, religion, age, or disability in employment or the provision of services, and complies with the provisions of the North Dakota Human Rights Act.

Submit completed application to:

North Dakota State Electrical Board  
PO Box 7335  
Bismarck, ND 58507

Phone: 701-328-9522  
Fax: 701-328-9524  
Email address: electric@nd.gov  
Website: www.ndseb.com