

Describe work briefly:

Name/Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Weekly start salary	Weekly end salary	Reason for leaving	Name of supervisor

Position title:

Telephone number:

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Please attach any additional employment history, education, or training you feel is relevant or would like us to consider.

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact.

Employment References

Name	Occupation	Address	Phone Number

Personal References

Name	Occupation	Address	Phone Number

Please state any additional information you feel may be helpful to us in considering your application. (You may attach a resume and cover page.)

Pre-employment Statement

(Read carefully before signing)

I understand and voluntarily agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, termination from employment.
2. Any offer of employment I may receive from the Grand Forks/East Grand Forks Metropolitan Planning Organization is contingent upon my successful completion of the MPO's total pre-employment screening process, including the receiving of references that it considers satisfactory, and my satisfactory completion of any post-job offer pre-employment examination the MPO may require.
3. I understand that as a condition of employment, I may be required to undergo and successfully complete a drug screening.
4. In processing my application for employment, I authorize investigation of all statements contained. I understand that this application is not intended as a contract of employment. I understand that I am required to abide by all rules and regulations of the GF/EGF MPO.

Signature of Applicant

Date

MILITARY SERVICE RECORD

Name _____ Social Security # _____

Position Applied For _____

Were you in the U.S. Armed Forces Yes _____ No _____

If yes, what Branch? _____

Dates of Duty: From _____ To _____

Rank at Discharge _____

List Duties in the service including special training:

- **A copy of Form DD214 is required at the time of application if you wish to claim Veteran's Preference.**
- **Certification of at least 10% disability is required for Disabled Veteran's Preference.**

Authority To Release Information

TO: _____

FROM: The Grand Forks/East Grand Forks Metropolitan Planning Organization

I, _____, hereby authorize the Grand Forks/East Grand Forks Metropolitan Planning Organization, within one (1) year of this date, to obtain information from any sources pertaining to:

- References (Personal, Work)
- Criminal History, Records, and Work References

I hereby direct and release the Grand Forks/East Grand Forks Metropolitan Planning Organization, as the custodian of such record, from any and all liability, both individually and collectively, for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance or attempted compliance with this authorization to release the information requested or the release of such information.

Should there be any questions as to the validity of this release, you may contact me as indicated below:

FULL NAME (Print) _____
Last
Middle
First

SIGNATURE _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

CURRENT ADDRESS _____

TELEPHONE # _____ DATE _____

STATE OF NORTH DAKOTA)
) SS
COUNTY OF GRAND FORKS)

On this _____ day of _____, 19____, before me personally appeared _____, known to me to be the person named herein and who executed the foregoing Authority to Release Information and he/she acknowledged to me that he/she voluntarily executed the same.

NOTARY PUBLIC SIGNATURE
My Term Expires: _____

**GRAND FORKS – EAST GRAND FORKS
METROPOLITAN PLANNING ORGANIZATION
AFFIRMATIVE ACTION PROGRAM**

STATEMENT OF POLICY

It is the policy of the GF/EGF MPO to:

- Recruit, hire, train, and promote persons in all job classifications, without regard to race, color, religion, sex, national origin, political affiliation, age, disability, or other non-merit factors, except where there is a bonafide occupational qualification.
- Base decisions on employment so as to further the principle of equal employment opportunities.
- Ensure that promotional decisions are in accord with principles of equal employment opportunity by imposing only valid requirements for employment and promotional opportunities.
- Ensure that personnel actions; such as compensation, benefits, transfers, layoffs, re-employment, training and education, employee benefits program, and any other personnel action will be administered without regard to race, color, religion, sex, national origin, age, disability, political affiliation, or other non-merit factors.

NOTICE TO ALL APPLICANTS

The Grand Forks/East Grand Forks Metropolitan Planning Organization (GF/EGF MPO) is committed to hire only U.S. citizens and lawfully authorized alien workers.

If you are selected for employment with the GF/EGF MPO, you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees, including U.S. citizens, permanent residents, and non-immigrants. If you are offered a position, you will have to provide documentation, within three (3) days of your hire date, verifying your identify and eligibility to work. Please note that the documentation cannot be unofficial copies.

If you have any questions, please contact the GF/EGF MPO at (701) 746-2660.

MPO EMPLOYEE BENEFIT SCHEDULE

EFFECTIVE IMMEDIATELY

Life Insurance

Health Insurance (If employee starts work anytime between the first and thirty-first of the month this will take effect the first of the following month)

Dental (Optional)

Optical (Optional)

EFFECTIVE AFTER SIX MONTHS

Disability Insurance

Post Employment Health

EFFECTIVE AFTER ONE YEAR

Pension (Actually begins one month after the employee's start date – ex. Employee begins on December 15th – Pension will take effect on January 1st)