



RED RIVER REGIONAL DISPATCH CENTER



Instructions to Applicant:

Fill out completely using ink. Please be accurate in filling out the form because falsification or misinformation is justification for removal from service. **PLEASE PRINT OR TYPE ONLY.**

All applicants must provide proof of 40 corrected words per minute typing speed. Typing tests can be completed at RRRDC upon appointment or for MN residents, at your local workforce center.

Mail, Fax or Drop off Completed Application to RRRDC 300 N.P. Ave. Suite 206 FARGO, ND 58102. (701) 451-7679 (Fax). Applications can also be found at www.RRRDC.COM

POSITION APPLYING FOR (BE SPECIFIC)				
DATE	DATE YOU COULD START		EMAIL ADDRESS	
NAME (LAST)	FIRST		MIDDLE	
PRESENT ADDRESS (NO. AND STREET)	CITY	STATE	ZIP CODE	AREA CODE AND TELEPHONE
PREVIOUS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP CODE	BUSINESS OR MESSAGE PHONE
CHECK IF YOU ARE WILLING TO ACCEPT SHIFT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS		IF PART-TIME AND/OR TEMPORARY APPLICATION DATES AVAILABLE _____ TO _____		
HOW DID YOU LEARN OF THE POSITION? (INDICATE NAME OF AGENCY, PAPER, EMPLOYEE, ETC)				
<input type="checkbox"/> AGENCY POSTER <input type="checkbox"/> FARGO FORUM <input type="checkbox"/> JOB DIG <input type="checkbox"/> ON-LINE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> JOB SERVICES <input type="checkbox"/> OTHER (SPECIFY)				
IF YOU ARE NOT A U.S. CITIZEN, UNDER WHAT TYPE OF PERMIT DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?				
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OTHER CRIME OF DISHONESTY OR BREACH OF TRUST OR DAMAGE TO THE PERSON OR PROPERTY OF OTHERS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE DATES AND EXPLANATION. (CONVICTION DOES NOT AUTOMATICALLY EXCLUDE YOU FROM CONSIDERATION FOR EMPLOYMENT AND YOU WILL BE GIVEN THE OPPORTUNITY TO EXPLAIN ANY CONVICTIONS.)				

MILITARY EXPERIENCE (Do not include ROTC)

Branch of Service _____ From _____ To _____

Occupational Specialization _____

Special/Technical Training _____

(Show Dates, Names, and Addresses of Schools)



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EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL(S) ATTENDED	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	CERTIFICATE/DEGREE/DIPLOMA (SPECIFY MAJOR AND MINOR)
HIGH			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE/ BUSINESS/ TECHNICAL/ SERVICE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/ UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	

ATTACH PROOF OF CERTIFICATIONS(S) FOR REQUIREMENTS, IF NECESSARY

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

SPECIALIZED SKILLS

CHECK SKILLS/EQUIPMENT OPERATED

- PC
 FAX
 TELEPHONE
 RADIO EQUIPMENT
 COPIER
 OTHER OFFICE EQUIPMENT

LIST ALL SOFTWARE APPLICATION YOU HAVE EXPERIENCE IN

Current Licenses Held (Include Driver's License, State, Class & Number) _____

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD

YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY OR OTHER PROTECTED STATUS



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EXPERIENCE

NAME OF EMPLOYER		TYPE OF BUSINESS			
ADDRESS					PHONE
DATES	STARTING TITLE	LAST TITLE	STARTING SALARY	ENDING SALARY	
FROM	TO				
NAME OF SUPERVISOR		MAY WE CONTACT NOW?		REASON FOR LEAVING	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
BRIEF DESCRIPTION OF DUTIES					

NAME OF EMPLOYER		TYPE OF BUSINESS			
ADDRESS					PHONE
DATES	STARTING TITLE	LAST TITLE	STARTING SALARY	ENDING SALARY	
FROM	TO				
NAME OF SUPERVISOR		MAY WE CONTACT NOW?		REASON FOR LEAVING	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
BRIEF DESCRIPTION OF DUTIES					

NAME OF EMPLOYER		TYPE OF BUSINESS			
ADDRESS					PHONE
DATES	STARTING TITLE	LAST TITLE	STARTING SALARY	ENDING SALARY	
FROM	TO				
NAME OF SUPERVISOR		MAY WE CONTACT NOW?		REASON FOR LEAVING	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
BRIEF DESCRIPTION OF DUTIES					

NAME OF EMPLOYER		TYPE OF BUSINESS			
ADDRESS					PHONE
DATES	STARTING TITLE	LAST TITLE	STARTING SALARY	ENDING SALARY	
FROM	TO				
NAME OF SUPERVISOR		MAY WE CONTACT NOW?		REASON FOR LEAVING	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			



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AN EQUAL OPPORTUNITY EMPLOYER

"I hereby authorize the Red River Regional Dispatch Center to make a thorough investigation of all statements contained in this application, my past employment, education, and other activities and I release from all liability all persons, companies, and corporations supplying such information. I indemnify the Red River Regional Dispatch Center against any liability which might result from making such investigations. I also agree that if any misrepresentations have been made by me herein or the results of that investigation are not satisfactory for any reason, any offer of employment made to me by the Red River Regional Dispatch Center may be terminated immediately without any obligation of liability to me other than for payment, at the rate agreed upon, for services actually rendered if I have begun work for the Red River Regional Dispatch Center.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbook that I might receive is intended to create an employment contract between the Red River Regional Dispatch Center and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promises or guarantee is binding upon the Red River Regional Dispatch Center unless made to me, and I understand that I have the right to terminate my employment at any time, for any reason, and the Red River Regional Dispatch Center retains a similar right regarding the discontinuation of my employment."

I hereby acknowledge that I have read the above statement and understand it.

Signature (Acknowledgment)

Date