



# 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 will be completed at RRRDC if conditional offer of employment is offered.**

**Mail, Fax, or Drop off Completed Application to RRRDC 4600 15th Ave N, Fargo, ND 58102. (701) 451-7679 (Fax). Applications can also be found at [www.rrrdc.com](http://www.rrrdc.com).**

POSITION APPLYING FOR (BE SPECIFIC)		TODAY'S DATE		DATE YOU COULD START	
NAME: LAST		FIRST		MIDDLE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS	
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	DRIVERS LICENSE STATE & NUMBER	
CANDIDATES <b>MUST</b> BE ABLE TO WORK <b>ALL</b> SHIFTS: <b>DAYS, EVENINGS, NIGHTS, WEEKENDS, HOLIDAYS, &amp; OVERTIME.</b>					
I AGREE TO WORK ALL OF THE ABOVE SHIFTS: <input type="checkbox"/> YES <input type="checkbox"/> NO					
HOW DID LEARN OF THE POSITION?					
<input type="checkbox"/> RRRDC WEBSITE <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> INDEED <input type="checkbox"/> JOB SERVICES <input type="checkbox"/> EMPLOYEE: NAME _____					
<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: \_\_\_\_\_



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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 SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, TECHNICAL SERVICE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR 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, AS NECESSARY

## ADDITIONAL INFORMATION

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

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**SPECIALIZED SKILLS: CHECK SKILLS/EQUIPMENT OPERATED**

PERSONAL COMPUTER  
 FAX  
 TELEPHONE  
 RADIO EQUIPMENT  
 COPIER  
 OTHER OFFICE EQUIPMENT:

LIST ALL SOFTWARE APPLICATIONS YOU HAVE EXPERIENCE IN:

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**ST 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

Please list positions held within the last 7 to 10 years or your last relevant roles.

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

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

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



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

### 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.**

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Signature (Acknowledgment)

Date