Dakota College at Bottineau

EMPLOYMENT INFORMATION FORM

Complete this form if you are currently employed at any other campus in the ND University System or at a ND State Government Agency.

College/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Formula for part-time instruction: (number of credits taught) x 2.5 hours/week*

College/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Formula for part-time instruction: (number of credits taught) x 2.5 hours/week*

Add additional sheets if needed.

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| The facts stated on this form are true and complete. I understand that making an omission of fact or a false statement may be sufficient cause for dismissal after employment. | | |
|  | | |
|  | | |
| Print Name  Employee ID | | |
| Signature |  | Date |
| Email Address |  | Phone Number |

Mail completed form to:

Dean’s Office

Dakota College at Bottineau

105 Simrall Blvd

Bottineau, ND 58318