



LEGAL SERVICES  
of North Dakota

## LEGAL SERVICES OF NORTH DAKOTA

*Administrative Office*  
418 East Broadway #25  
Bismarck, North Dakota 58501  
Telephone: 701-222-2110  
FAX: 701-258-0043

### POSITION ANNOUNCEMENT

**FULL-TIME INTAKE SPECIALIST:** Full-time intake position, 40 hours per week, in the Minot Central Intake Office of Legal Services of North Dakota.

**DUTIES:** Responsible for processing telephone and internet applications, interviewing applicants, eligibility determinations, and providing various services under the supervision of an attorney.

**QUALIFICATIONS:** Strong computer skills, proficient typing, listening, patience, empathy, professional courteous demeanor. Past experience in interviewing preferred but not required.

**SALARY:** DOE - Excellent benefits package.

**REQUEST APPLICATION FROM:** Legal Services of ND (LSND)  
418 E. Broadway Ave., #25  
Bismarck, ND 58501  
701-852-4369, Ext 314  
Fax: 701-258-0043  
Email: [wrhoads@legalassist.org](mailto:wrhoads@legalassist.org)

**No resumes will be accepted in place of an application.**

Open until filled.

EEO based on age, race, color, religion, gender, disability, national origin, or sexual preference

Richard R. LeMay, Executive Director  
Kim Kramer, Chief Fiscal Officer



Offices located in:  
Bismarck ■ Fargo ■  
Minot ■ New Town ■  
Belcourt ■ Grand Forks

Return to: LEGAL SERVICES OF ND  
 418 E. Broadway #25, Bismarck, ND 58501  
 Email: wrhoads@legalassist.org

**General Information**

Name (Last, First, Middle Initial)		Social Security No.		Work Telephone No.
Mailing address	City	State	Zip Code	Home Telephone No.
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)				
State name of desired position: INTAKE SPECIALIST-Minot Central Intake Office, Minot ND				
Date Available For Work:				
How Did You Find Out About This Job? <input type="checkbox"/> Job Service ND; <input type="checkbox"/> Newspaper; <input type="checkbox"/> Internet <input type="checkbox"/> Word of Mouth; <input type="checkbox"/> Other				

**Education and Training:** Please supply a transcript if you have graduated from college or other post high school training or educational facility within the last five years.

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Post High School	No. of Credits		Primary Field of Study	Degree Obtained	Date
School Name and Location (college, business, nursing, vocational, or other)	Qtr. System	Sem. System			

Other relevant education/training skills:

Computer skills (hardware and software):

Current professional license/certificate/registration:

Related Volunteer experience:

**Employment History**

- ▶ Start with your current or last job
- ▶ Any change of job title under the same employer should be considered a separate position
- ▶ Attach Extra Sheets using the same format if you have additional employment history

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months and years) From:                      To:	Average Hours Worked Per Week
Duties:		

Hourly or Monthly Salary rate at present or when leaving employment \$ _____ Hourly \$ _____ Monthly	Reason for Leaving
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Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months and years) From:                      To:	Average Hours Worked Per Week
Duties:		
Hourly or Monthly Salary rate at present or when leaving employment \$ _____ Hourly \$ _____ Monthly	Reason for Leaving	

Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months and years) From:                      To:	Average Hours Worked Per Week
Duties:		
Hourly or Monthly Salary rate at present or when leaving employment \$ _____ Hourly \$ _____ Monthly	Reason for Leaving	

Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months and years) From:                      To:	Average Hours Worked Per Week
Duties:		
Hourly or Monthly Salary rate at present or when leaving employment  \$ _____ Hourly \$ _____ Monthly	Reason for Leaving	
<p>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.</p>		
_____ Applicant's Signature		_____ Date
<b><i>No resumes will be accepted in place of an application form. This position is closed when filled.</i></b>		
Equal Opportunity Employer		6/21

**References:** Please provide three references (two must be professional rather than personal).

Name	Position or Relation	Address	Phone