

Northland HealthCenters



Application for Employment

An Equal Opportunity Employer

Date of Application _____

Please mail or return application to:

Northland Health Centers

Kelly Murray, HR

P.O. Box 535

Turtle Lake ND 58575

Northland Health Centers (NHC) is committed to the policy of equal employment in recruitment, interviewing, hiring, and all other personnel practices. Your job-related experiences, education, and other qualifications will be considered without discrimination of grounds of race color, religion, sex, age, national origin or disability. The information you provide in this application will be treated confidentially and used to help assure the best use of your abilities should you be employed by NHC.

If you have any questions, or if reasonable accommodations are needed to complete this form, please feel free to notify us.

Name: Last _____ First _____ Middle _____

Present Address _____ Home Telephone _____

City _____ State _____ Zip Code _____ Work Telephone _____

Email Address: _____ Maiden Name (if Applicable) _____

Social Security Number _____ Date available for employment _____

Position Desired 1 _____ 2 _____ Would you accept another position? Yes No

Full Time Part Time Temporary Days Evenings Nights Weekends Holidays

Are you under 16? Yes No

Are you legally entitled to work in the United States? Yes No Proof of citizenship or immigration status required.

Have you ever been employed by Northland Health Centers? Yes No

If yes, when? From _____ to _____ Under what name? _____

Have you ever been convicted of a felony or misdemeanor Yes No or been named as a defendant in a criminal proceeding for mistreatment Yes No or neglect or abuse of any person Yes No or a misappropriation of property Yes No? If yes on any above, please explain _____

A criminal conviction record does not by itself constitute an absolute bar to employment. The nature of the conviction record will be examined on a case-by-case basis, including subsequent rehabilitation, and will be considered in relation to the responsibilities of the position sought in making each employment decision.

Have you ever been discharged or forced to resign from any position? Yes No If yes, explain _____

	School Name & Address	Course/Major	Circle Last Year Completed 1 2 3 4 N/A	Did you Graduate?	Degree/Diploma
High School or GED		N/A	① ② ③ ④ ○	<input type="radio"/> Yes <input type="radio"/> No	
College			① ② ③ ④ ○	<input type="radio"/> Yes <input type="radio"/> No	
Technical, Business or Professional			① ② ③ ④ ○	<input type="radio"/> Yes <input type="radio"/> No	
Military or Other			① ② ③ ④ ○	<input type="radio"/> Yes <input type="radio"/> No	

PRESENT OR MOST RECENT EMPLOYMENT INFORMATION

1. Organization _____ Telephone # _____
City _____ State _____ Zip Code _____
Your Name While Employed There For Reference Request _____
Name of Immediate Supervisor _____
Starting Title _____ Starting Salary _____ Date Began _____
Present Title _____ Present Salary _____ Date Left _____
Duties _____
Reason for Leaving _____
May We Contact The Employer Listed Above? Yes No

PREVIOUS EXPERIENCE

2. Organization _____ Telephone # _____
City _____ State _____ Zip Code _____
Your Name While Employed There For Reference Request _____
Name of Immediate Supervisor _____
Starting Title _____ Starting Salary _____ Date Began _____
Present Title _____ Present Salary _____ Date Left _____
Duties _____
Reason for Leaving _____
May We Contact The Employer Listed Above? Yes No

PREVIOUS EXPERIENCE

3. Organization _____ Telephone # _____
 City _____ State _____ Zip Code _____
 Your Name While Employed There For Reference Request _____
 Name of Immediate Supervisor _____
 Starting Title _____ Starting Salary _____ Date Began _____
 Present Title _____ Present Salary _____ Date Left _____
 Duties _____
 Reason for Leaving _____
 May We Contact The Employer Listed Above? Yes No

REFERENCES

Name	Address	Phone #	Email Address	Relationship

POSITION

Do you have a firm salary requirement? Yes No I Require \$ _____
 Are you applying for: Regular Employment Temporary Employment _____
(How Long)

LICENSURE INFORMATION

Type	State	Exp. Date	Registration #

SKILLS

Describe your qualifications for the position you seek: _____

Do you have any relatives employed at NHC? Yes No
 Name: _____ Relationship: _____

Do you have any relatives on the Board of Directors at NHC? Yes No
 Name: _____ Relationship: _____

CERTIFICATION AND AGREEMENT: PLEASE READ BEFORE SIGNING

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be removed from the job after appointment. I understand that under Title VII of the Civil Rights Act of 1964 and the North Dakota Human Rights Act, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical or mental disability (or any other class). I further understand that this employment application and other employment related documents I may have been furnished are not contracts of employment; also, that any oral or written statements to the contrary are hereby expressly disavowed. NHC has my authorization to thoroughly investigate my past record, work and personal history which is job related and to ascertain any and all information which may concern my record and character whether same is of record or not.

I further understand that if I am employed, such employment is for an indefinite period of time, that either I or NHC can terminate such employment at any time, and that the Organization can change wages, benefits and conditions at any time.

Date

Printed Name

Signature

REFERRAL SOURCE

Please tell us how you found out about this position:

- 3RNet
- Newspaper Want Ad
- Job Service
- Northland Health Centers Employee (Name of Employee) _____
- No Knowledge of Opening
- NACHC
- CHAMPS
- CHAD
- National Health Service Corp website
- Other _____

Thank you for completing this application for employment and for your interest with Northland Health Centers. We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. Your opportunity for employment will be based only on your merit, employment history, and academic background. Thank you!
