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# APPLICATION

# FOR

# EMPLOYMENT



**SOUTHWESTERN DISTRICT HEALTH UNIT**

**227 16th Street West**

**DICKINSON, NORTH DAKOTA 58601**

**TELEPHONE: (701) 483-0171**

**or TOLL FREE: 1-800-697-3145**

**AN EQUAL OPPORTUNITY EMPLOYER**

NAME

LAST

FIRST

MI

POSITION

DATE

# DEMOGRAPHICS

Last Name	First Name	Middle Initial	Telephone Numbers	
Street Address			City/State	
Zip Code			Home:	
			Cell:	
			E-mail:	
If hired, can you provide evidence of legal eligibility to work in the U.S.?		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.		
Position Desired:		Wage/Salary Desired:		Full Time
				Part Time
Date Available for Work:		Do you have a valid driver's license?		
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify applicant from employment)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:				
NAME OF SCHOOL		ADDRESSES OF SCHOOL		COMPLETE
				Years Completed
				Diploma/Degree
HIGH				
COLLEGE				
UNIVERSITY				
OTHER: (Business College, Other Special Courses)				
SPECIAL SKILLS AND QUALIFICATIONS:				
EXPLAIN WHY YOU ARE INTERESTED IN THIS POSITION AND WHY YOU THINK YOU SHOULD BE HIRED:				

# EDUCATION / SKILLS

# LICENSURE

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently	<input type="checkbox"/>	Registered	Type: _____	Number: _____
	<input type="checkbox"/>	Licensed	Type: _____	Number: _____
	<input type="checkbox"/>	Certified	Type: _____	Number: _____

Membership in Professional or Civic Organizations and/or Volunteer Experience: \_\_\_\_\_

EMPLOYMENT HISTORY (Most recent employers first)	FROM	TO	IMMEDIATE SUPERVISOR
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Job Title: \_\_\_\_\_

Employers Name: \_\_\_\_\_  
and Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employers Name: \_\_\_\_\_  
and Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employers Name: \_\_\_\_\_  
and Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# PREVIOUS EXPERIENCE

**REFERENCES**

<b>LIST AT LEAST THREE (3) PROFESSIONAL REFERENCES WHO ARE NOT RELATIVES</b>			
<b>NAME</b>	<b>TITLE</b>	<b>EMPLOYER</b>	<b>TELEPHONE</b>

**SIGNATURE**

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW.**

I understand that my employment can be terminated at any time with or without cause, at the option of either the facility or me. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by the Executive Officer of this facility.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date. I understand that under Title VII of the Civil Rights Act of 1964 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 handicap.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. All job offers are contingent upon review of references, background checks, and other relevant information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date