



JOB APPLICATION COVER SHEET

TO: Job Applicant

Attached is a job application for you to complete. Please be sure to answer all questions accurately, including:

- **ALL prior work history (Use another sheet if necessary)**
- **CURRENT addresses and phone numbers for all references and former employers**
- **ANY crimes other than minor traffic violations (this includes convictions such as bad checks, DUI, etc. – not just felonies)**

Completed applications should be directed to:

**ATTN: Linda Halvorson, HR Director
Mountrail County Health Center
PO Box 700
Stanley ND 58784**

If you wish to fax your application, fax to:

**Attn: Linda Halvorson
Fax # 701-628-3990**

Please feel free to contact Linda Halvorson at 701-628-2442 or email to HR@stanleyhealth.org if you have any other employment questions.

Thank you for your interest in working at Mountrail County Health Center!



MOUNTRAIL COUNTY HEALTH CENTER JOB APPLICATION

DATE _____

NAME LAST FIRST MIDDLE (MAIDEN OR OTHER NAMES) SOC. SEC. #

CURRENT ADDRESS STREET/P.O. CITY STATE ZIP

TELEPHONE NUMBER CELL PHONE NUMBER EMAIL ADDRESS

POSITION(S) APPLYING FOR: _____

ARE YOU 16 OR OLDER? _____ YES _____ NO

ARE YOU A U.S. CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE U.S.? _____ YES _____ NO

DATE YOU CAN START? _____ SHIFT DESIRED? _____

HOURS DESIRED PER WEEK? I AM WILLING TO WORK: __ DAYS __ PM's __ NIGHTS

ARE YOU WILLING TO WORK WEEKENDS & HOLIDAYS? ___ YES ___ NO

EXPLAIN IF NO _____

DESIRED WAGE? _____ HOW DID YOU HEAR ABOUT THIS POSITION? _____

If referred by a current employee, please list their name.

EDUCATION	SCHOOL/ LOCATION	DID YOU GRADUATE	YEARS ATTENDED	AREA OF STUDY

OTHER EDUCATION/TRAINING SKILLS _____

LICENSES OR CERTIFICATIONS: _____ LICENSE # _____

COMPUTER SKILLS _____

PERSONAL REFERENCES (please do not use relatives or spouse)

NAME: _____ OCCUPATION: _____

CITY & STATE: _____ PHONE: _____

PERSONAL REFERENCES

NAME _____ OCCUPATION _____

CITY & STATE: _____ PHONE _____

HAVE YOU EVER BEEN CONVICTED OF RESIDENT ABUSE, NEGLECT, OR MISAPPROPRIATION OF RESIDENT FUNDS IN A HEALTH CARE SETTING? (Please circle one) YES NO

EXPLAIN IF YES _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?

(Please circle one) YES NO

EXPLAIN IF YES _____

(Affirmative answers may result in further investigation by employer)

Return completed applications to:
Mountrail County Health Center
Attn: Human Resources Department
PO Box 700, Stanley ND 58784
Phone 701-628-2442 Fax 701-628-3990
HR@stanleyhealth.org

EMPLOYMENT HISTORY: Start with current or last job. Please give accurate, complete full-time and part-time employment record. **Attach extra sheets** using the same format for any additional employment history.

CURRENT EMPLOYER

COMPANY NAME _____ PHONE: _____
CITY & STATE _____ TYPE OF BUSINESS _____
YOUR JOB TITLE _____ HOURLY SALARY: _____
NAME OF SUPERVISOR _____ DATES OF EMPLOYMENT: From _____ to _____
DUTIES: _____
REASON FOR LEAVING: _____
MAY WE CONTACT YOUR CURRENT EMPLOYER ABOUT YOU? YES ___ NO ___

FORMER EMPLOYERS

COMPANY NAME _____ PHONE: _____
CITY & STATE _____ TYPE OF BUSINESS _____
YOUR JOB TITLE _____ HOURLY SALARY: _____
NAME OF SUPERVISOR _____ DATES OF EMPLOYMENT: From _____ to _____
DUTIES: _____
REASON FOR LEAVING: _____

COMPANY NAME _____ PHONE: _____
CITY & STATE _____ TYPE OF BUSINESS _____
YOUR JOB TITLE _____ HOURLY SALARY: _____
NAME OF SUPERVISOR _____ DATES OF EMPLOYMENT: From _____ to _____
DUTIES: _____
REASON FOR LEAVING: _____

COMPANY NAME _____ PHONE: _____
CITY & STATE _____ TYPE OF BUSINESS _____
YOUR JOB TITLE _____ HOURLY SALARY: _____
NAME OF SUPERVISOR _____ DATES OF EMPLOYMENT: From _____ to _____
DUTIES: _____
REASON FOR LEAVING: _____

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 employment.

I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, or 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. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

Applicant's Signature Date

Equal Opportunity Employer

Mountrail County Health Center is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of race, religion, color, sex, age, national origin, handicap, disability, or any other status or condition protected by applicable state or federal laws, except where a bona fide occupational qualification applies.

