

SAKAKAWEA MEDICAL CENTER
510 Eighth Avenue NE, Hazen ND 58545, (701) 748-2225

APPLICATION FOR EMPLOYMENT

Date: _____ Position Desired: _____

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

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 Initial _____

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone: (Home) _____ (School of Business) _____

Social Security Number _____ Are you under 16? Yes No

Do you have a firm salary requirement? Yes No I require \$ _____

Are you applying for: Regular Employment Temporary Employment _____
How Long?

Will you work: Full time (36-40 hr/wk) Part Time _____ hours/week
 Days Evenings Nights Weekends Holidays

If hired, approximately when could you begin? _____

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No Proof of citizenship or immigration status will be required upon employment.

Have you worked for Sakakawea Medical Center before? _____ If yes, when? _____

Under what name? _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

PRESENT OR MOST RECENT EMPLOYMENT INFORMATION

Firm _____ Telephone # _____

Address _____ City _____ State ____ Zip _____

Your name while employed there for reference request _____

Starting Title _____ Starting Salary _____ Date Began _____

Present Title _____ Present Salary _____ Date Left _____

Duties _____

Reason for leaving: _____ May we contact the employer? _____

PREVIOUS EXPERIENCE

Firm _____ Telephone # _____

Address _____ City _____ State ____ Zip _____

Your name while employed there for reference request _____

Starting Title _____ Starting Salary _____ Date Began _____

Present Title _____ Present Salary _____ Date Left _____

Duties _____

Reason for leaving: _____ May we contact the employer? _____

PREVIOUS EXPERIENCE

Firm _____ Telephone # _____

Address _____ City _____ State ____ Zip _____

Your name while employed there for reference request _____

Starting Title _____ Starting Salary _____ Date Began _____

Present Title _____ Present Salary _____ Date Left _____

Duties _____

Reason for leaving: _____ May we contact the employer? _____

LICENSURE INFORMATION

For positions requiring a professional license, list the number and expiration date _____

_____ Are you registered in North Dakota? Yes No

SKILLS: _____ Typing _____ words per minute

List Word Processor Programs Used _____

EDUCATION

SCHOOL: Name & Address	Course Major	Did You Graduate?	Degree/ Diploma
High School			
College			
Nursing			
Military			

Did you attend any of these schools under a different name? Please indicate: _____

OTHER

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. If you wish attach an additional sheet to summarize any additional information necessary to describe your full qualifications.

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 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. The employer has my authorization to thoroughly investigate my work, medical and personal history which is job related. I certify that I will hold no person, corporation or organization liable for giving or receiving information in this investigation.

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

_____ Date

_____ Signature

(APPLICANT – DO NOT WRITE IN THIS AREA)
FOR INTERVIEWER’S USE

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____

Department _____ Position _____

Starting Date _____ Shift _____

Starting Salary _____

Full Time _____ Part Time _____ Temporary _____

Reference Sent _____

Manager’s Signature _____