

APPLICATION FOR EMPLOYMENT
Central Valley Health District
122 2nd St N.W. PO Box 880
Jamestown ND 58402-0880

Date of application: _____ Position applied for: _____

Name: _____ Social Security Number: _____

Address: _____ City, State, Zip Code: _____

Telephone: _____ Date available: _____

Type of employment interested in: Full-time: _____ Part-time: _____

Hours, days, shifts you are **unable** to work: _____

How did you learn about this position vacancy? _____

Will you accept any other position? _____ If yes, what? _____

PERSONAL DATA

Are you between 16 and 70 years of age? _____ Are you a US citizen? _____

If not, can you legally accept permanent employment in the United States? _____ Have you ever filed an application here before? _____ Who do we contact in case of emergency? _____

Have you ever been a member of the Armed Forces? Yes: _____ No: _____

EDUCATIONAL DATA

Circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 7 8

Type of School	Name	Address	Did You Graduate	Degree	Field of Study
High School					
Business School					
Vocational School					
Correspondence					
College/University					
Graduate School					

If this is your first position upon graduation, please submit a transcript.

Do you plan to further your education? _____ If so, when? _____

OFFICE USE ONLY

Date interviewed: _____ Interviewed by: _____ Position: _____

Date to start work: _____ Compensation: _____ Grade: _____ Step: _____

Department: _____ Full-Time: _____ Part-Time: _____ Hours per week: _____

Comments: _____

Approved by Department Head _____ Approved by Administration: _____

Reason not hired: _____

PREVIOUS EMPLOYMENT

- 1. Present or Last Employer: _____
Telephone Number: (_____) _____ Date Began/Date Left: _____
Your title: _____ Immediate Supervisor: _____
Duties: _____ Starting/Ending Salary: _____
Reason For Leaving: _____ May We Contact? Yes: _____ No: _____

- 2. Present or Last Employer: _____
Telephone Number: (_____) _____ Date Began/Date Left: _____
Your title: _____ Immediate Supervisor: _____
Duties: _____ Starting/Ending Salary: _____
Reason For Leaving: _____ May We Contact? Yes: _____ No: _____

- 3. Present or Last Employer: _____
Telephone Number: (_____) _____ Date Began/Date Left: _____
Your title: _____ Immediate Supervisor: _____
Duties: _____ Starting/Ending Salary: _____
Reason For Leaving: _____ May We Contact? Yes: _____ No: _____

If applying for a clerical position, check items at which you are skilled:

Typewriter _____ Words per Minute _____ Word Processor _____
Copy Machine _____ Calculator _____ Dictaphone _____
Computer/Data Processor: _____ Receptionist: _____ Other _____

Do you have experience with medical terminology? _____

Give names of any relatives employed by Central Valley Health Unit: _____

Additional Information By Applicant: _____

APPLICANT'S STATEMENT

I hereby authorize investigation of all statements contained in this application. I affirm that all information is true and complete, and that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal and/or refusal of employment. I understand that employment is subject to satisfactory reference reports and satisfactory completion of probationary period. If employed, I understand that I may be required to work in some area of a department other than my regular assignment, as the needs of the Unit may require.

Date: _____ Signature: _____