

# Northland Healthcare Alliance Application for Employment

## EQUAL OPPORTUNITY EMPLOYER

Northland Healthcare Alliance is committed to the policy of equal employment 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, sexual orientation, ancestry 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 Northland Healthcare Alliance.

**Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone # (\_\_\_\_) \_\_\_\_\_ (Cellular/Other #) (\_\_\_\_) \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?  Yes  No  
If no, please explain \_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If yes, give dates and position \_\_\_\_\_

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.

## POSITION

Position(s) applied for \_\_\_\_\_

How Did You Find Out About This Position? (Choose One):

1. Internal Posting
2. Medical Center Bulletin Board
3. Internet Website Posting
4. Medical Center Employee
5. Job Service
6. Newspaper Want Ad
7. Other: \_\_\_\_\_

Are you applying for  Regular Employment  Temporary Employment \_\_\_\_\_  
(How Long)

Do you have a firm salary requirement?  Yes, I Require \$ \_\_\_\_\_  No

If hired, approximately when could you begin? \_\_\_\_\_

**LICENSURE INFORMATION**

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

Are you registered in North Dakota?  Yes  No

If not, have you applied for reciprocity?  Yes  No When? \_\_\_\_\_ from what state? \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying: \_\_\_\_\_  
State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been named as a defendant in a criminal proceeding for mistreatment, neglect or abuse of any person or a misappropriation of property?  Yes  No

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_

A criminal conviction records 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.

**PRESENT OR MOST RECENT EMPLOYMENT INFORMATION**

Firm: \_\_\_\_\_ Tele. No. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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? \_\_\_\_\_

**PREVIOUS EXPERIENCE**

Firm: \_\_\_\_\_ Tele. No. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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? \_\_\_\_\_

**PREVIOUS EXPERIENCE**

Firm: \_\_\_\_\_ Tele. No. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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? \_\_\_\_\_

**If No Previous Work Experience, List One Personal Reference.**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EDUCATION**

<i>School</i>	<i>Name &amp; Address</i>	<i>Course/ Major</i>	<i>Did you graduate?</i>	<i>Degree/ Diploma</i>
High School				
College				
Military				

Did you attend any of these schools under a different name? \_\_\_\_\_

If "Yes", please indicate: \_\_\_\_\_

**SKILLS**

Word Processing    Spreadsheet    Email    Internet    Presentation    CRT

Other \_\_\_\_\_

Applicant Instructions: Make checks in boxes below to indicate your general qualifications. Since this skills summary sheet contains terms you may be unfamiliar with, check only those terms that describe your qualifications.

<b>SKILLS SUMMARY</b>	
Special Qualifications/Training	Special Qualifications/Training
<input type="checkbox"/> Accounting <input type="checkbox"/> Cost Accounting <input type="checkbox"/> Taxes/Tax Accounting <input type="checkbox"/> Finance <input type="checkbox"/> Financial Analysis <input type="checkbox"/> Cashier <input type="checkbox"/> Spreadsheet Software <input type="checkbox"/> Clerical	<input type="checkbox"/> Insurance <input type="checkbox"/> Collections <input type="checkbox"/> Telemarketing <input type="checkbox"/> Sales
<input type="checkbox"/> Bookkeeping <input type="checkbox"/> Accts. Payable <input type="checkbox"/> Accts. Receivable <input type="checkbox"/> Budgeting <input type="checkbox"/> 10-Key Calculator <input type="checkbox"/> Microfilm <input type="checkbox"/> Mailroom <input type="checkbox"/> Filing <input type="checkbox"/> Proofreading <input type="checkbox"/> Receptionist <input type="checkbox"/> Reconciling Bank Statement <input type="checkbox"/> Payroll	<input type="checkbox"/> Systems Programming <input type="checkbox"/> Computer Programming <input type="checkbox"/> COBOL <input type="checkbox"/> FORTRAN <input type="checkbox"/> IS <input type="checkbox"/> LAN/Networking <input type="checkbox"/> Mainframe <input type="checkbox"/> MIS Mgmt. <input type="checkbox"/> MSDOS <input type="checkbox"/> Novell <input type="checkbox"/> ORACLE <input type="checkbox"/> Pascal <input type="checkbox"/> Unix <input type="checkbox"/> Macintosh <input type="checkbox"/> Windows (Versions ____ )
<input type="checkbox"/> Medical Training: Specify	<input type="checkbox"/> Other: Specify

**EMERGENCY**

Person you want us to notify in case of emergency: (Should you be employed)

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

**OTHER**

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. If you wish, use the space below, or attach a separate 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 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. 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 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, that either I or the Alliance can terminate such employment at anytime, and that the Alliance can change wages, benefits and conditions at anytime.

\_\_\_\_\_

Date Signature

**RELEASE:** Having made application for employment with Northland Healthcare Alliance and desiring them to be informed as to my previous record and character, I hereby authorize Northland Healthcare Alliance to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information.

\_\_\_\_\_

Date Signature

Should you receive an offer of employment with Northland Healthcare Alliance, and accept such offer, prior to your employment date, a physical examination by a Medical Center (at no charge to you) may be completed, or if you wish, you may choose a physician at your own cost. Your employment is contingent upon satisfactorily passing a physical examination prior to employment. In addition, Alliance policy provides for an orientation period to allow Northland Healthcare Alliance to review you and your adjustment to the new position. During this orientation period, you or your supervisors have the freedom of terminating employment at Northland Healthcare Alliance without notice.

*Thank you for completing this application form and for your interest in employment with Northland Healthcare Alliance. We assure you that your opportunity for employment will be based only on your merit, employment history, and academic background.*

# Northland Healthcare Alliance Background Check Disclosure & Authorization

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## *Disclosure to Applicant That a Consumer Report May Be Obtained by Employer*

Please note that in connection to our application for employment with Northland Healthcare Alliance, we may obtain a “consumer report” as defined in the Fair Credit Reporting Act (FCRA), from a consumer reporting agency. Consumer reports include, but are not limited to, credit reports, criminal background checks and motor vehicle reports.

## *Authorization for Employer to Obtain Consumer Report*

By signing below, I hereby acknowledge that I have read the above disclosure and voluntarily authorize Northland Healthcare Alliance including its agents and representatives, to obtain a consumer report on me for the use in connection with my application for employment with Northland Healthcare Alliance. If hired, I understand that this authorization will remain on file and will serve as an ongoing authorization to the extent permitted by law, for a consumer report to be lawfully obtained at any time in connection with my employment.

*The following information is necessary to confirm your identity for completing an accurate background check. It is confidential and will not be taken into consideration in any employment decisions.*

### **Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Please list previous addresses for the past seven years (In chronological order):**

Previous Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ***(Attach additional sheet if necessary.)***

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Names Used (Alias, Maiden): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_