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. (_____) _____

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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

School *Name & Address*	*Course/ Major*	*Did you graduate?*	*Degree/ Diploma*
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.

SKILLS SUMMARY

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

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: _____