

3. _____

Employer	From	To
Address/City/State/Zip		Phone Number
Hourly/Salary	Start/Final	
Job Title	Supervisor	
Reason for leaving		
May we contact this employer? _____ Yes _____ No		

Education: School	Years Completed: 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 +	Location	Diploma/Degree	Studies
Elementary				
High School				
Trade/ Professional School				
College/University				
Graduate School				

If Licensed, Registered, or Certified, the interviewer will verify and record:

Your Number _____ State _____

Your Field _____ Expiration date _____

Military History:

When	Release Date and type
Current Status	Job-related Training

Job Related References:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please indicate the source that caused you to seek employment at our facility:

Referred by: _____

Advertisement in: _____

Employment Agency: _____

Other (Walk in, Career Day, Etc.): _____

Personal:

1. Yes ___ No ___ If under 18 years of age, can you provide proof of eligibility to work?
2. Yes ___ No ___ Have you ever applied to our facility before? If yes, when? _____
3. Yes ___ No ___ Do you have relative(s) or friend(s) employed with us? If yes, Please list: _____
4. Yes ___ No ___ Have you ever been convicted for any reason other than a minor traffic violation? A positive response will not necessarily affect your eligibility to be hired. If yes, please explain on the back of this sheet.
5. Yes ___ No ___ If applying for a position that requires driving, do you have a current North Dakota Driver's License?
6. Yes ___ No ___ If applying for a position that requires driving, have you ever been ticketed for a moving violation? If yes, please explain on the back of this sheet.
7. Yes ___ No ___ Are you a Citizen of the United States?
8. Yes ___ No ___ If no, does your immigration status permit you to work? Proof must be provided: Visa, Green Card, Social Security Card, and driver's license.
9. Yes ___ No ___ Are you currently on "layoff" status, subject to recall?
10. Yes ___ No ___ If required, are you available to travel?

APPLICANT'S ACKNOWLEDGEMENT

This application shall be considered active for no longer for 45 days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event that I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by the rules and regulations of the employer and any special agreements reached between the employer and me.

I understand that any offer of the employer is contingent upon satisfactorily passing Carrington Health Center's post offer of employment physical examination. Also I realize if I obtain my physical at this facility, the required physical will be paid for by Carrington Health Center.

Applicant's Signature _____ Date _____

Carrington Health Center

In order for Carrington Health Center to process your application, we require that the following questions be completed.

Yes No

- ___ ___ Have you ever been convicted of, or pled guilty or no contest to a felony misdemeanor, or any offense other than a minor traffic violation?
- ___ ___ Are any criminal charges now pending against you?
- ___ ___ Have you ever participated in a first offender, deferred adjudication, or other program or arrangement where judgment or conviction has been withheld?
- ___ ___ Has any action been taken against you that excludes or has excluded you from participating in any Federal government health care program, including Medicare?
- ___ ___ Have you ever had any professional registration license, or certification suspended or revoked?
- ___ ___ Have you ever informally resolved any recommended or potential adverse action involving your professional registration, license or certification?
- ___ ___ Are any professional registration, licensure, or certification actions now pending against you?
- ___ ___ Have you ever been named as a defendant in any civil legal action involving your professional competence?

Please explain any “yes” answers:

A conviction will not necessarily disqualify you from consideration; however, failure to fully and truthfully disclose will result in immediate denial or termination of employment.

Signature: _____

Date: _____