

JACOBSON MEMORIAL HOSPITAL CARE CENTER
601 East Street North · PO Box 367 · Elgin, ND 58533 · (701) 584-2792

Application for Employment

We appreciate your interest in our organization. A clear understanding of your background, education, training, and work history will aid us in determining your qualifications. Please give complete answers.

Personal Information

Name _____ Date _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (Zip Code)

Permanent Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Email _____
(Home) (Cell)

Are you under 16? _____ Are you legally authorized to work in the United States? _____

Employment Information

Positions applied for: 1) _____ 2) _____ 3) _____

How did you learn of this opening? _____

Date Available _____ What status are you seeking? Full Time Part Time _____ hours per week

What shifts are you available to work? Days Evenings Nights Weekends Rotating

Have you been previously employed at Jacobson Memorial Hospital Care Center? No Yes

If yes, give job title, department, dates, & name if different: _____

Do you have any relatives currently employed at Jacobson Memorial Hospital Care Center? No Yes

If yes, list names and relationships _____

Education and Training

Type of School	Name & Address	Yrs Attended	Graduated	Course or Major	Diploma or Degree Rec'd
High School					
College/University					
Graduate School					
Business or Trade					
Other					

For positions requiring license or registration, list type, number, and state: _____

For positions requiring certification, list type, number, and state: _____

Employment History

Present or Last Employer	Title	Duties
Address	Salary	
	Date Began/Left	
Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving
Supervisor		

Previous Employer	Title	Duties
Address	Salary	
	Date Began/Left	
Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving
Supervisor		

Previous Employer	Title	Duties
Address	Salary	
	Date Began/Left	
Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving
Supervisor		

Previous Employer	Title	Duties
Address	Salary	
	Date Began/Left	
Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving
Supervisor		

Other educational experiences or job skills _____

NOTE: If your school or employment records are under another name, please indicate that name here: _____

References

Give names, addresses, and telephone numbers of two personal references excluding relatives and former employers. Nursing students: Please use an instructor for one reference.

1	Name	Relationship	Phone	
	Address	City	State	Zip
2	Name	Relationship	Phone	
	Address	City	State	Zip

Jacobson Memorial Hospital Care Center is an Equal Opportunity and Employment-at-Will Employer. Employment, educational opportunities, and promotions in job classifications are without regard for age, race, religion, color, sex, national origin, handicap, or status with regard to marriage or public assistance.

PLEASE READ THIS CAREFULLY

I hereby authorize investigation of all statements contained in this application. I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission could be sufficient reason for denial and/or refusal of employment.

Date _____

Signature _____

PRE-EMPLOYMENT CHECKLIST

Have you ever been convicted of a crime? Yes No

If yes, when, where, and disposition of case: _____

Have you ever been found guilty of abuse, neglect, or mistreatment of person, or misappropriation of property by a court of law or in an administrative proceeding? Yes No

If yes, when, where, and disposition of case: _____

Has your professional license or certification ever been subject to suspension, revocation, or cancellation? Yes No

If yes, when, where, and disposition of case: _____

Professional License, Certification, and Registration

TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION	NUMBER

Interviewer: _____

Date: _____

Applicant: _____

Date: _____



RELEASE FOR EMPLOYMENT APPLICATION INFORMATION

I hereby authorize Jacobson Memorial Hospital Care Center to process my application for employment by checking references with former employers, schools or colleges, and individuals. I also release the individuals, companies, or institutions from whom Jacobson Memorial Hospital Care Center may request information concerning me from all liability for any damage whatsoever incurred in furnishing reference information.

Signature

Date



CRIMINAL BACKGROUND CHECK

I hereby authorize Jacobson Memorial Hospital Care Center to do a criminal background check prior to my employment. I understand that the following information will be used solely for that purpose.

Name (please print): _____

Social Security Number: _____

Professional License Number: _____

Date of Birth: _____

Maiden Name/Other names used: _____

States resided in: _____

Signature: _____

Date: _____