



APPLICATION FOR EMPLOYMENT

306 4th Street North
 Fargo, ND 58102
 (701) 271-3344

715 11th Street N
 Suite 106B
 Moorhead, MN 56560
 (218) 299-7830

We appreciate your interest in our organization. In order that your application may be thoroughly evaluated, please answer the following questions completely and accurately.

Family HealthCare Center provides Equal Opportunity Employment for all individuals without regard to race, sex, color, religion or religious practices, national origin, disability, pregnancy, sexual orientation, marital status, Veterans status, genetics or age.

PERSONAL INFORMATION

Name: (Last)	(First)	(Middle Initial)	Social Security Number:
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Address:	(City)	(State)	(Zip Code)	Telephone Number: Home: () Work: ()
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Are You Eligible To Work In The United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Can You Immediately Provide Proper Authorization Proving Eligibility To Work In The United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Have You Ever Applied For Employment Here? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Application:	Position Applied For:	Employment Dates: From: To:
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Have you ever been convicted of a crime or are you now under charges for any offense against the Law? You may omit: (1) charges that were dismissed or resulted in acquittal; (2) any conviction that has been set aside, vacated, annulled, expunged, or sealed; (3) any offense that was finally adjudicated in a juvenile court or juvenile delinquency proceeding; and (4) any charges that resulted only in a conviction of a non-criminal offense. YES NO
 If Yes, Please Explain:

A conviction does not automatically exclude any applicant from employment and the employer would consider the nature and date of the offense and all other facts and circumstances.

Have you ever been fired from any job for any reason? YES NO If Yes, Please Explain:

Have you ever quit a job after being notified that you would be fired? YES NO

POSITION DESIRED

Position Applying for?	Work Preference: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN	Salary Requirements:	Date Available:
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Can you perform the essential functions of the position for which you are applying? YES NO

Explain your reasons for seeking employment at Family HealthCare Center and any special abilities / qualifications you possess that pertain to the position.

PROFESSIONAL LICENSES /CERTIFICATIONS

License Type:	State Issued:	Number:	Expiration Date: / /
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License Type:	State Issued:	Number:	Expiration Date: / /
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Certification / Expiration: <input type="checkbox"/> _____ <input type="checkbox"/> CPR _____ <input type="checkbox"/> NRP _____ <input type="checkbox"/> PALS _____ <input type="checkbox"/> ACLS _____ <input type="checkbox"/> ATLS _____ <input type="checkbox"/> TNCC _____ <input type="checkbox"/> NALS _____	Certification / Expiration: <input type="checkbox"/> _____ <input type="checkbox"/> ACLS/PALS Instructor _____ <input type="checkbox"/> AORN _____ <input type="checkbox"/> CDE (Diabetes Educ.) _____ <input type="checkbox"/> RN, C (ANA) _____ <input type="checkbox"/> Parish Nurse _____ <input type="checkbox"/> CPR Instructor _____
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EDUCATION					
Type of School	Name & Address of School	Number of Years Completed	Did You Graduate?	Type of Degree & # of Credits	Field of Study
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Business / Vocational / Correspondence Schools			<input type="checkbox"/> YES <input type="checkbox"/> NO		
College or University			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYMENT HISTORY (Please list present or most recent employer first)					
Name of Employer:			Address:		
Position Title:		Supervisor:		Telephone:	
		May We Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO		()	
Last Salary: \$ Per		Dates of Employment From: To:		Reason For Leaving:	
Describe Duties / Responsibilities:					
Name of Employer:			Address:		
Position Title:		Supervisor:		Telephone:	
		May We Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO		()	
Last Salary: \$ Per		Dates of Employment From: To:		Reason For Leaving:	
Describe Duties / Responsibilities:					
Name of Employer:			Address:		
Position Title:		Supervisor:		Telephone:	
		May We Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO		()	
Last Salary: \$ Per		Dates of Employment From: To:		Reason For Leaving:	
Describe Duties / Responsibilities:					

◆ READ BEFORE SIGNING ◆

I certify, to the best of my knowledge, that the information submitted is complete and correct. I understand that if employed, Family HealthCare Center may terminate my employment if I have made any false statements or misrepresentations in this application or during the interview process.

SIGNATURE: _____ DATE: _____

RELEASE: Having made application for employment with Family HealthCare Center, and desiring them to be informed as to my previous record and character, I hereby authorize Family HealthCare Center 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 hereby authorize my past and present employers, references, educational institutions and all persons whomsoever may have relevant information to release such information to Family HealthCare Center. Further, I release my present and past employers, references, educational institutions and all persons whomsoever from any damage or liability because of furnishing said information.

SIGNATURE: _____ DATE: _____