

TOWNER COUNTY MEDICAL CENTER - PO BOX 688 - CANDU ND 58324-0688

PLEASE COMPLETE ALL SECTIONS AS WELL AS INCLUDE RESUME IF DESIRED. USE INK, PLEASE PRINT.

Name: _____ Home Phone: () _____ Work Phone: () _____
Last First Mi
 Address: _____ Social Security #: _____
Street City State Zip
 Are you at least 16 years of age? Yes No

PLEASE READ THOROUGHLY Have you ever been charged, convicted, plead guilty or nolo contendere to a crime? This includes all misdemeanors (except parking violations) and felonies. Please be sure to disclose any and all convictions, pleas of guilty and pleas of nolo contendere, even if the conviction or plea has been discharged, expunged or otherwise removed from your record.
 Yes No Date of conviction or plea _____ State and County of conviction: _____

Employment desired: Full-time (40 hrs./wk.) Part-time (# of hours per week desired _____) Regular Temporary Summer only On call
 Referred by: _____ Have you ever been employed here before? Yes No
 On what date will you be available for work? _____ Rate of pay expected: \$ _____ /hr. Position applied for: _____
 Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
 Have you ever been convicted of mistreatment, neglect or abuse of residents, patients or the misappropriation of their property? Yes No
 List other names under which you have been employed: _____

EMPLOYMENT RECORD: List in order with the most current employment first, include all work history for the past 10 years. Include all military history. If you need additional space, insert a separate sheet or ask for an additional employment record form.

May we contact your past and present employers? Yes No If no, why not? _____

	1.	2.	3.
Name of Company			
Address - Street			
City, State			
Phone (include Area Code)	() Salary	() Salary	() Salary
Your job title	#Hrs. per wk.	#Hrs. per wk.	#Hrs. per wk.
Supervisor			
Summary of job duties and responsibilities			
Dates employed	FROM TO	FROM TO	FROM TO
Reason for leaving			

EDUCATION	Name / Address	Circle last year completed
High School / G.E.D.		9 10 11 12
College		1 2 3 4 5 6
Graduate School		1 2 3 4
Vocational, Technical		
Business, Military, Other		

OFFICE USE ONLY:
Interview date: _____
Wage offered: _____
Start date: _____
Position: _____
<u>OTHER</u> : _____

OTHER EXPERIENCE: If you have had other experience (e.g. volunteer, educational or military) related to the position for which you are applying, please list relevant information below.

TO BE COMPLETED BY REGISTERED, LICENSED, OR CERTIFIED APPLICANTS.			OFFICE USE ONLY:	FOR POSITIONS REQUIRING DRIVING A MOTOR VEHICLE ONLY:
STATE	CURRENT NO.	EXPIRATION DATE	VERIFICATION	
				Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State and Number _____

REFERENCES: Work or education related. (Please do not list friends or relatives.) TO BE COMPLETED BY ALL APPLICANTS.				OFFICE USE ONLY:
NAME	ADDRESS	PHONE (DAYTIME)	OCCUPATION	REFERENCE REQUESTED
1.		()		
2.		()		
3.		()		

AGREEMENT *(Please read thoroughly and sign below)*

I authorize the investigation of my background including all the information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and/or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is dependent upon satisfactory completion of TCMC's pre-employment investigation which includes, but is not limited to, a physical exam, criminal history check, educational and work history verification, reference checks and any investigation required by local, state or federal laws.

I understand that if I am hired by TCMC or any of its affiliates, my employment will be for an indefinite period of time and will be "at will," which means that either I or TCMC may terminate the employment relationship at any time and for any or no reason and that no representative of TCMC has the authority to make any oral promise to me concerning my employment.

Finally, I also understand that while TCMC supports current policies and benefits, it retains the right to change them at any time, with or without notice to me. TCMC is committed to providing a safe, healthy and productive work environment and supports a smoke-free, alcohol-free and drug-free work environment.

Signature

Date