



Revised January 2011

APPLICATION FOR EMPLOYMENT
First District Health Unit
 801 11th Ave SW
 Minot, ND 58701
 701-852-1376
www.fdhuh.org



Public Health
 Prevent. Promote. Protect.

Attach a résumé and a list of 3 professional references that you've known at least 1 yr.

We are an equal opportunity employment agency. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin or physical handicap.

Please Print

Legal Name (First, Middle Initial, Last)		Referred by
Present Address		Highest level of education completed
Home Phone	Cell Number	Email Address
Are you legally authorized or permitted to work in the US?	Are you at least 18 years old?	Have you ever been convicted of a crime?

EMPLOYMENT DESIRED		
Position	Date available	Minimum hourly pay rate you are willing to accept
Desired types of employment: Full time Part time Temporary		
Are you employed now? _____ May we inquire of your present employer? _____ What was your reason for leaving your last employment? _____ _____		
Have you ever worked for First District Health Unit? Yes ___ No ___ If yes, when? _____ Do you have any relatives currently employed by First District Health Unit? Yes ___ No ___ Do you have any relationships or situations that may cause a potential conflict of interest? (This could be association with a business, policy maker or family member.) Yes ___ No ___		

Please list volunteer activities, community affiliations, organizational memberships or interests:

Employment History for last 5 years			
Name of Employer	Position	Location (city)	Dates of employment

Please write, not type:

My knowledge and understanding of First District Health Unit:

What about this position interests you?

Skills and abilities I can bring to this position:

I understand that if employed any misrepresentation or omission of facts requested in this application is cause for dismissal. I understand FDHU may run a background or credit check or request drug testing.

SIGNATURE OF APPLICANT _____ DATE _____