



# FIRST DISTRICT HEALTH UNIT

801 11<sup>TH</sup> Ave SW, Minot, ND 58701  
PH: 701.852.1376  
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Email: firstdistrict@nd.gov  
www.fdh.u.org

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Referred by: \_\_\_\_\_ Highest level of education: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you employed now? YES  NO  May we enquire of your present employer? YES  NO  N/A

Are you at least 18 years of age? YES  NO  Are you legally authorized to work in the U.S.? YES  NO

Have you ever been convicted of a felony? YES  NO  If yes, explain \_\_\_\_\_

Are you a Veteran or disabled Veteran as defined in NDCC 37-19.1? YES  NO   
To claim Veterans preference, please submit required documentation

Have you previously 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   
If yes, explain:

Do you have any relationships or situations that could cause a conflict of interest? YES  NO   
(This could be association with a policy maker, business or family member)  
If yes, explain:

## Previous Employment

Employer \_\_\_\_\_ Position \_\_\_\_\_

Location \_\_\_\_\_ Dates of employment \_\_\_\_\_

Duties \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Location \_\_\_\_\_ Dates of employment \_\_\_\_\_

Duties \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Location \_\_\_\_\_ Dates of employment \_\_\_\_\_

Duties \_\_\_\_\_

## References

Reference 1 Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Employer & Job Title \_\_\_\_\_

Reference 1 Phone \_\_\_\_\_

Reference 1 Email: \_\_\_\_\_

Reference 2 Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Employer & Job Title \_\_\_\_\_

Reference 2 Phone \_\_\_\_\_

Reference 2 Email: \_\_\_\_\_

Reference 3 Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Employer & Job Title \_\_\_\_\_

Reference 3 Phone \_\_\_\_\_

Reference 3 Email: \_\_\_\_\_

**Narrative**

**Please list any volunteer activities, community affiliations, organizational memberships, or interest:**

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**Please describe what you know about First District Health Unit**

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**What about this position interests you?**

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**What skills and abilities do you bring to this position?**

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**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_