



## EMPLOYMENT APPLICATION

Langdon Prairie Health is an equal opportunity employer and will not discriminate based on race, national origin, color, religion, age, sex, sexual orientation, disability, military status, or marital status.

Langdon Prairie Health is an at-will employer, and this application is not a contract of employment nor is it intended to be a contract of employment. This application does not obligate Langdon Prairie Health in any way if the applicant is hired by the hospital.

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Previous employment at Langdon Prairie Health? (Formerly Cavalier County Memorial Hospital and Clinics) Yes  No

If yes, what position(s) did you hold and when? \_\_\_\_\_

### HIGH SCHOOL EDUCATION:

Name & Location: \_\_\_\_\_

Years completed: 1  2  3  4  Diploma: Yes  No

### COLLEGE/VOCATIONAL OR TECHNICAL SCHOOL:

Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

### LICENSURES AND CERTIFICATION: (if applicable to position)

Title: \_\_\_\_\_ #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Title: \_\_\_\_\_ #: \_\_\_\_\_ Expiration: \_\_\_\_\_

**WORK EXPERIENCE: (list past and present employment, beginning with most recent)**

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position held: \_\_\_\_\_

Primary duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position held: \_\_\_\_\_

Primary duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position held: \_\_\_\_\_

Primary duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position held: \_\_\_\_\_

Primary duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**RELATED SKILLS, EDUCATION &/OR ACTIVITIES: (if applicable to position applying for)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER PERTINENT INFORMATION TO BE CONSIDERED FOR YOUR APPLICATION:**

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**REFERENCES:**

Please list 2 work references & 1 personal reference

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

<p><b>For office use only. Comments:</b></p>
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The facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed, any false statement on this application may result in dismissal.

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

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

Name: \_\_\_\_\_

(Please print)

Social Security #: \_\_\_\_\_



**BACKGROUND CHECK CONSENT:**

I understand it is Langdon Prairie Health policy to verify past employment, check work-related references, licensure verification and where regulated by state statute, conduct criminal background checks on prospective employees.

I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, state licensing boards and other individuals and agencies to duly accredited investigators, human resource staff and other authorized employees of Langdon Prairie Health. I waive any action against Langdon Prairie Health or former employers based on statements made during these investigations.

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

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