



Public Health
Prevent. Promote. Protect.

Foster County Public Health

APPLICATION FOR EMPLOYMENT

Foster County Public Health

Revised 02/2024

- Follow instructions carefully
- Provide detail – do not use “see resume”
- If accommodation or assistance is needed in completing this application, contact the employing agency.
- Print or type
- Check for errors & signature before submitting

Position applying for:	Available Start Date	Desired Salary
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General Information

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code

No Yes If selected for employment are you willing to submit a background check?

If no, please explain:

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain _____

(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

How did you learn about this opening?

Veteran's Preference

Veteran Eligibility: You must be a North Dakota resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign service medal during an emergency condition and must have been released under other than dishonorable conditions. See North Dakota Century Code 37-19.1.

Do you claim preference as a:

Veteran No Yes – Attach DD-214, Report of Separation

Disabled Veteran No Yes – Attach DD-214 & letter less than 1 yr. old from veterans' administration indicating disability.

Spouse of Disabled Veteran No Yes – Attach copy of marriage certificate, DD-214, & letter less than 1 yr. old from veterans' administration indicating disability

Spouse of Deceased Veteran No Yes – Attach copy of marriage certificate, DD-214, & veteran's death certificate

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Number of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Computer skills, related volunteer experience, and other education/training/skills:

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

Employment History: (Provide detail; do not use “see resume.”)

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete pages 3 and 4 if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
1.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving or Reason for Considering Leaving if Still Employed	
2.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving or Reason for Considering Leaving if Still Employed	
3.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving or Reason for Considering Leaving if Still Employed	

Go on to page 3 if you have additional employment history.

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.

Applicant's Signature

Date

All information provided is subject to the North Dakota Open Records Law

Equal Opportunity Employer

Foster County Public Health does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and complies with the provisions of the North Dakota Human Rights Act.

Name:

Additional Employment History:

4.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

5.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

6.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Name:

References (Business and professional only)

1.	Name	Telephone Number	Relationship
Employer	Address		
Title	How long have you known the individual? From: To:		Best time to contact
Any additional notes:			

2.	Name	Telephone Number	Relationship
Employer	Address		
Title	How long have you known the individual? From: To:		Best time to contact
Any additional notes:			

3.	Name	Telephone Number	Relationship
Employer	Address		
Title	How long have you known the individual? From: To:		Best time to contact
Any additional notes:			