



## Northeast District Department of Health Employment Application

Northeast District Department of Health is an equal opportunity employer.

### Applicant Information

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

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

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

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the US.? YES NO  
☐ ☐ ☐ ☐

Have you ever been employed by NDDH? YES NO If yes, when? \_\_\_\_\_  
☐ ☐

### Employment History

Current Employer: \_\_\_\_\_ Business Address/Phone #: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes \_\_\_\_ No \_\_\_\_

Previous Employer: \_\_\_\_\_ Business Address/Phone #: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes \_\_\_\_ No \_\_\_\_

Previous Employer: \_\_\_\_\_ Business Address/Phone #: \_\_\_\_\_



Supervisor's Name and Title: \_\_\_\_\_ Position Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May We Contact Your Employer: Yes \_\_\_\_ No \_\_\_\_

### Education

Name of High School/College/University	Address	Did you graduate?	Type of Degree Received
		Yes No	
		Yes No	
		Yes No	

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Years of service: \_\_\_\_\_

### Professional References

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that NDDH may request information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above-mentioned information and release all parties involved from liability and responsibility for doing so.

I hereby consent to NDDH to obtaining the above information Northeast District Department of Health and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form. I understand that nothing in this employment application, the granting of an interview for employment, nor any personnel manuals or forms used by the District, create an employment contract between me and the District.

I further understand that no supervisor, manager or representative of the District other than the Director of Health has any authority to enter into any agreement to employ me for any specified period of time.

In the event of my employment with the District, I agree to comply with all District rules and regulations. I hereby acknowledge that I have read, understand and agree to the above statements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date