

## Northeast District Department of Health Employment Application

Northeast District Department of Health is an equal opportunity employer.

Applicar	nt Information
Full Name: Last Fi	Date:
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 YES NO If no, are you authorized to work in the US.?
Have you ever been employed by YES NDDH?	NO  If yes, when?
Employ	yment 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 yo	• •	Type of Degree Received		
		Yes	No			
		Yes	No			
		Yes	No			
U.S. Military or Naval	Service:	Rank:	Years of se	rvice:	<b>_</b>	
	Profe	essional Referen	ces			
Name Ti	le Company	Phone		ofessional lationship		
					-	
					-	
					_	
Releases and Applicant In connection with my apinvestigative background convictions, motor vehicl performance, education, employers. Furthermore, which maintain records a well as claims involving contacted to furnish the adoing so.  I hereby consent to NDD agents. This authorization employment application, District, create an employ I further understand that authority to enter into any In the event of my emplo acknowledge that I have	plication for employment inquiries may be made of e, and other reports. These compensation, and experied understand that NDDH concerning my past activities in the files of insurance bove-mentioned informated that the granting of an interview ment contract between many supervisor, manager or a gareement to employ may ment with the District, I	in me including previous be reports will include include include and ence along with reasons may request information ies relating to my driving the companies. I authorized ion and release all particular information Northeast Did in original, fax, or copied for employment, nor the end the District.  The representative of the Diese for any specified period agree to comply with all	employers, so formation as to for termination from various g, credit, crim- e without reserves involved from istrict Departroy form. I under any personnel strict other that d of time.	chools, consumer of my character, we not employment federal, state, and inal, civil, and other vation, any party om liability and resument of Health and erstand that nothing manuals or forms and the Director of	credit, criminal ork habits, from previous I other agencies er experiences a or agency sponsibility for d/or any of their ng in this s used by the Health has any	
	,					
Applicant's Signature		Date				