

Northeast District Department of Health Employment Application

Northeast District Department of Health is an equal opportunity employer.

Applicant 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	e: Pos	sition Title:	
Reason for Leaving:			
Dates of Employment:	From: T	`o:	
May We Contact Your Emp	loyer: Yes No		
	Educa	ation	
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 Serv	ice:Ranl	k:Year	s of service:
	Professional	References	
Name Title	Company	Phone	Professional Relationship
investigative background inqui convictions, motor vehicle, and performance, education, compo- employers. Furthermore, I undo which maintain records concer well as claims involving me in contacted to furnish the above- doing so. I hereby consent to NDDH to a agents. This authorization and employment application, the gr District, create an employment I further understand that no sup authority to enter into any agre In the event of my employment	tion for employment and as a cories may be made on me included other reports. These reports we ensation, and experience along verstand that NDDH may requesting my past activities relating the files of insurance companiementioned information and release obtaining the above information consent shall be valid in original ranting of an interview for employment to employment or representatement to employ me for any species.	ing previous emplo- ill include informati- with reasons for term t information from a to my driving, credi- es. I authorize without ease all parties invol- a Northeast District I al, fax, or copy formation loyment, nor any per- postrict. tive of the District of ecified period of tin- mply with all District	ing employment, I understand that yers, schools, consumer credit, criminal ion as to my character, work habits, mination of employment from previous various federal, state, and other agencies it, criminal, civil, and other experiences and reservation, any party or agency level from liability and responsibility for Department of Health and/or any of their in. I understand that nothing in this resonnel manuals or forms used by the other than the Director of Health has any inc. ct rules and regulations. I hereby
Applicant's Signature		Date	