



Hospital: 909 2nd Street
Langdon, ND 58249
701-256-6100
Fax: 701-256-2170 - office
Fax: 701-256-2730 - nurses station

Clinic: 901 2nd Street
Langdon, ND 58249
701-256-6120
Fax: 701-256-6156

Clinic: 301 5th Street
Wahalla, ND 58282
701-549-2711
Fax: 701-549-2710

www.cavaliercountyhospital.com

EMPLOYMENT APPLICATION

Cavalier County Memorial Hospital 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.

Cavalier County Memorial Hospital 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 Cavalier County Memorial Hospital in any way if the applicant is hired by the hospital.

Position applying for: _____

Name: _____
Last First

Present Address: _____

Telephone: _____

E-mail: _____

Previous employment at Cavalier County Memorial Hospital? 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 & Location: _____

Course of study: _____

Degree: _____

Name & 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: _____

Address: _____

Telephone: _____

Dates employed: From: ___/___/___ To: ___/___/___

Position held: _____

Primary duties: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Telephone: _____

Dates employed: From: ___/___/___ To: ___/___/___

Position held: _____

Primary duties: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Telephone: _____

Dates employed: From: ___/___/___ To: ___/___/___

Position held: _____

Primary duties: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Telephone: _____

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:

REFERENCES: Name: _____
 Address: _____
 Telephone: _____

 Name: _____
 Address: _____
 Telephone: _____

 Name: _____
 Address: _____
 Telephone: _____

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 #: _____
(Licensed positions only)

It is Cavalier County Memorial Hospital policy to verify past employment, check work-related references, licensure verification and where regulated by state statute, may 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 Cavalier County Memorial Hospital for the purpose of determining my eligibility and suitability for employment. I waive any action against Cavalier County Memorial Hospital or former employers based on statements made during these investigations.

Signature: _____ Date: _____