

TIOGA MEDICAL CENTER
P.O. Box 159
Tioga, North Dakota 58852
EMPLOYMENT APPLICATION

Position Applying For _____ Clinic _____
 _____ Hospital _____
 _____ LTC _____
 _____ All _____ Date Available _____

Name _____ Are you under the age of 16? _____
Last First Middle

Address _____ Phone Number/Area Code _____
Street City State Zip

Social Security# _____ Length of time you plan to remain here _____

What shift(s) can you work: Day _____ Evening _____ Night _____ Full-Time _____ Part-Time _____

Are you legally entitled to work in the U.S.? Yes _____ No _____

Have you ever filed an application with TMC? Yes _____ No _____ If so, when? _____

Have you previously been employed by TMC? Yes _____ No _____ If so, when? _____

NAME OF SCHOOL & LOCATION	CIRCLE HIGHEST GRADE COMPLETED	MAJOR COURSES	DIPLOMA/ DEGREE
Elementary:	1 2 3 4 5 6 7 8		
High School:	9 10 11 12		
Vocational/College:	1 2 3 4 5 6		
Other:	1 2 3		

Specialized training or experience _____

Typing Speed ___ wpm Shorthand ___ Word Processor ___ Personal Computer ___ Office Machines _____

LIST MOST RECENT EMPLOYMENT FIRST - INCLUDE MILITARY

Company Name & Address	Phone	Position Held	Dates		Salary	Full-Time	Part-Time	Reason for Leaving
			From:	To:				

May we contact your current employer? Yes ___ No ___ May we contact your previous employer? Yes ___ No ___

IF APPLICABLE:

North Dakota Registration Number _____ Expiration Date _____

Other states you are registered in & number: _____

Has your license to practice in any jurisdiction ever been denied, terminated, limited, revoked, suspended, voluntarily or involuntarily surrendered, relinquished, or subjected to probationary terms, or is there a pending action or challenge to do so? Yes _____ No _____

PERSONAL REFERENCES - NOT RELATIVES

NAME	ADDRESS	PHONE	OCCUPATION

Have you ever been convicted for an act committed in violation of any State or Federal law or ordinance other than traffic offenses? Yes _____ No _____
Criminal convictions are not an absolute ban to employment, but will be considered in relationship to specific job requirements.

PLEASE READ AND SIGN BELOW:

I hereby acknowledge that this application does not constitute an employment contract and that any employment relationship with TMC is of an "at will" nature. It is further understood that this "at will" employment relationship may not be changed by any written documents or by conduct unless such change is specifically acknowledged in writing by an authorized executive of TMC. I certify that the statements on this form are true and complete to the best of my knowledge. During my employment, I agree to support all policies of TMC. I authorize investigation of all statements contained in this application. I agree that all former employers or any other persons may furnish TMC with all information regarding their record of my service, character, and reason for leaving. I hereby release such former employers and persons from all liability on account of providing such information. I understand that misrepresentation or omission of information in connection with application will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

Signature of Applicant _____ Date _____

COMMENTS:

OFFICE USE ONLY

Date Employed _____ Job Title _____

Full-time _____ Part-time _____ (How many hours per pay period) _____

Salary _____ Increments Due _____

Notified by _____ Date _____ Will report to _____

Describe any special agreement _____

Personnel and/or Department Manager

Date