



COAL COUNTRY COMMUNITY  
HEALTH CENTERS

**Beulah Clinic**  
1312 Hwy 49 N  
Beulah, ND 58523  
Human Resources (701) 873-7788 ext. 113

**Center Clinic**  
111 E. Main St.  
Center, ND 58530

**Killdeer Clinic**  
150 Central Ave.  
Killdeer, ND 58640

**Hazen Clinic**  
517 8<sup>th</sup> Ave. NE  
Hazen, ND 58545

Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

**PLEASE PRINT ALL INFORMATION REQUESTED  
EXCEPT SIGNATURE**

Application for Employment

PLEASE COMPLETE PAGES 1-5.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present address: \_\_\_\_\_  
PO Box Apt./House Number Street City/State Zip

How long have you lived at current residence? \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

If Under 18, please list age \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Position Applied for (1) \_\_\_\_\_ Days/Hours Available to Work: \_\_\_\_\_  
And Salary Desired (2) \_\_\_\_\_

CCCHC Site Applying for:

Beulah Clinic  Center Clinic  Killdeer Clinic  Hazen Clinic

No Pref:	Wed:
Mon:	Thurs:
Tue:	Fri:

Employment desired:  PRN  Part-Time Only  Full – Time Only  Full or Part – Time

How many hours can you work weekly? \_\_\_\_\_

When are you available for work? \_\_\_\_\_

Have you ever been convicted of a crime?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

If required for the position, do you have a driver's license?  Yes  No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

**LICENSURE INFORMATION**

For positions requiring a professional license, please provide the following information regarding your license. Please list any additional training or certification including, but not limited to, CPR, ACLS, TNCC, BLS, ATLS, PALS, NRP, etc.

Professional License # \_\_\_\_\_ License Expiration: \_\_\_\_\_

Is your license active?  Yes  No

Other Certifications:	Expiration Date:

## EDUCATION INFORMATION

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

## WORK EXPERIENCE INFORMATION

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer for a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer for a reference check?  Yes  No  Later

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer for a reference check?  Yes  No  Later

**An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.**

Please list two references other than relatives or previous employers.

Name:		Name:	
Position:		Position:	
Company:		Company:	
Address:		Address:	
Telephone:		Telephone:	

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**Please Read Carefully**

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**Application Form Waiver**

In exchange for the consideration of my job application by Coal Country Community Health Centers (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Coal Country Community Health Centers, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/CEO of the Company. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company may have a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy may be a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I further understand that my employment with the Company shall be introductory for a period of ninety (90) days, and further that at any time during the introductory period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

*Thank you for completing this application form and for your interest in our company.*