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*Dunseith Community*  
**NURSING HOME**

*15 First Street NE*

*PO Box 669, Dunseith, ND 58329*

*T-701-244-5495 Fax: 701-244-5431*

***JOB APPLICATION***



## *Abuse, Reference, and Criminal Check Authorization*

*Applicant Name:* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

*Regarding my application for employment, I \_\_\_\_\_, hereby authorize the Dunseith Community Nursing Home to make all references, abuse and criminal background checks necessary.*

*I hereby authorize anyone contacted to provide information in this regard regarding the Dunseith Community Nursing Home. I also certify that I have never been guilty or convicted of misappropriating resident funds, and/or mistreating, neglecting, or abusing any resident of a health facility.*

*Applicant Signature:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_ *Date:* \_\_\_\_\_




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*DCNH IS IN COMPLIANCE WITH THE PROVISIONS OF THE FEDERAL PRIVACY ACT AND CIVIL RIGHTS ACT.  
EMPLOYMENT APPLICATIONS ARE CONFIDENTIAL IN NATURE AND ARE RETAINED IN OUR FILES.*

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Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Education:***

| <i>Type of Education</i> | <i>Name</i> | <i>Address</i> | <i>Year Graduated Major</i> |
|--------------------------|-------------|----------------|-----------------------------|
| <i>High School:</i>      |             |                |                             |
| <i>College:</i>          |             |                |                             |
| <i>Trade School:</i>     |             |                |                             |

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*Certification/License: Please list which certification or license you currently have in the state of North Dakota and that you have acquired in other states.*

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1. \_\_\_\_\_ *Expire Date:* \_\_\_\_\_ *License #:* \_\_\_\_\_
2. \_\_\_\_\_ *Expire Date:* \_\_\_\_\_ *License #:* \_\_\_\_\_
3. \_\_\_\_\_ *Expire Date:* \_\_\_\_\_ *License #:* \_\_\_\_\_

***Community or Professional Organizations you are Active in:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**References:**

| <i>Name:</i> | <i>Mailing Address:</i> | <i>Phone Number:</i> |
|--------------|-------------------------|----------------------|
|              |                         |                      |
|              |                         |                      |
|              |                         |                      |

**Job Interest:** Please mark the job and list the number of years of experience you have in the area you are applying or interested in at DCNH.

Social Service: \_\_\_\_\_

Activities: \_\_\_\_\_

Nursing (RN or LPN): \_\_\_\_\_

Business Office: \_\_\_\_\_

CNA: \_\_\_\_\_

Dietary: \_\_\_\_\_

Laundry: \_\_\_\_\_

Housekeeping: \_\_\_\_\_

Maintenance: \_\_\_\_\_

**Please check the type of hours employment you are interested in:**

**Full Time** (32-40 hours per week) \_\_\_\_\_

**Part Time** (30-16 hours per week) \_\_\_\_\_

**Casual** (less than 16 hours per week) \_\_\_\_\_

**Please check the days you are available:** We will try to meet your needs; however, we do have the right to schedule staff to the needs of the DCNH to provide the best optimal level of care we can offer.

| Sunday   | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|---------|-----------|----------|--------|----------|
| Required |        |         |           |          |        | Required |

**When will you be available to begin work? Date:** \_\_\_\_\_

**Are you above the age of 14 years old? Yes OR NO**

**Have you had any felonies or convictions? Yes OR NO**

**Did you apply at the DCNH in the past? Yes OR NO**

**If yes, When:** \_\_\_\_\_

**List the employers you have worked for in the past 10 years?**

**Date of Hire:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Name and Address of Employer:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Type of Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Name and Address of Employer:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Type of Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

Date of Hire: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_

Type of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

*\*If need more space please use the back of this application.*

*I certify/acknowledge that all the statements made in this statement are true, complete, and correct to the best of my knowledge and are made in good faith.*

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

*Thank you for completing this application and having an interest in employment at the DCNH. We assure you that your opportunity for employment will be based only on your merit, your employment history and academic record.*

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*I hereby authorize investigation of all statements contained in this application. I authorize Dunseith Community Nursing Home to process my application for employment by checking references with employers, schools, or colleges, and individuals. I release Dunseith Community Nursing Home and the individuals, companies, or institutions from whom Dunseith Community Nursing Home my request information concerning me from all liability for any damages whatsoever incurred in furnishing reference information.*

*I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission could be sufficient reason for dismissal and or refusal of employment.*

*Signature:*

*Date:*

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***Application Review/Interview***

***FOR MANAGERS USE ONLY***

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

No Position Available: \_\_\_\_\_

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***Interviewed:***

Date: \_\_\_\_\_ By Whom: \_\_\_\_\_

Date: \_\_\_\_\_ By Whom: \_\_\_\_\_

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***Offer Extended or Refused:***

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

Reason Offer Refused: \_\_\_\_\_

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

***Start Date:***

***Start Wage:***

|  |  |
|--|--|
|  |  |
|--|--|

***Employment Status:***

Full-time: \_\_\_\_\_

Part-time: \_\_\_\_\_

Casual: \_\_\_\_\_ No Benefits

***Comments:*** \_\_\_\_\_

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**Reference Request Form**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

We are currently in the process of hiring for a position at our company, and one of our candidates, \_\_\_\_\_, has indicated that (he/she) was previously employed at your company.

To help us further evaluate this candidate, we would appreciate it if you would answer the questions listed below.

Sincerely,

**Dunseith Community Nursing Home**

1. What position did this person hold with your company?

\_\_\_\_\_

2. Please list the dates of employment.

\_\_\_\_\_

3. What was the candidate's final salary at your company? \_\_\_\_\_

4. Why did the candidate leave your company?

\_\_\_\_\_

5. Would you hire this person again? YES OR NO if no, why?

\_\_\_\_\_

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

Title: \_\_\_\_\_

I have made an application for employment with the Dunseith Community Nursing Home and hereby authorize release of information regarding my work history and character from my previous employers and/or educators.

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