



# Lake Region District Health Unit Employment Application

It is the mission of Lake Region District Health Unit to make a positive impact on the health and welfare of the community by preventing the spread of disease, promoting good health, and protecting the environment.

## Application Instructions

- Complete the application by typing or printing legibly in ink.
- Provide detail.
- Check for errors before submitting.
- All parts of the application must be completed. An unsigned application will not be considered.
- If accommodations or assistance is needed in completing this application, please contact the Administrator at 701-662-7038.

## Personal Information

Date of Application		Position Applying For	
Name		Phone Number	Email Address
Address	City	State	Zip

## Veteran's Preference

Branch of Service	
Dates of Service	

To claim preference as a Veteran, you must qualify under the conditions per NDCC 37-19.1. As applicable you will need to provide a DD-214, a current VA letter confirming disability, and/or a marriage or death certificate.

Please select which preference you are claiming:

<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Spouse of Disabled Veteran	<input type="checkbox"/> Spouse of Deceased Veteran
----------------------------------	---	---	---

## Education

School Name and Location	Degree Received	Major	Did you graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment History** Please start with current first.

Employer		Job Title
Supervisor's Name	Supervisor's Phone No.	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed	Starting Pay Rate	Ending Pay Rate
Reason for Leaving		

Employer		Job Title
Supervisor's Name	Supervisor's Phone No.	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed	Starting Pay Rate	Ending Pay Rate
Reason for Leaving		

Employer		Job Title
Supervisor's Name	Supervisor's Phone No.	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed	Starting Pay Rate	Ending Pay Rate
Reason for Leaving		

Employer		Job Title
Supervisor's Name	Supervisor's Phone No.	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed	Starting Pay Rate	Ending Pay Rate
Reason for Leaving		

## Professional References

Name	Company	Title	Phone

Please indicate valid driver's license held:  A  B  C  D  E

Are you related to a member of the Lake Region District Board of Health or a County employee?

Yes  No

If yes, to whom?

### If selected:

Are you willing to submit to a drug, alcohol, and background screening?  Yes  No

Are you able to provide proof you are eligible to work in the United States?  Yes  No

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you are applying? Please see position description found with the job posting.  Yes  No

## Signature Disclaimer

I certify that all information contained in this application and my attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments. I authorize Lake Region District Health Unit to contact my reference and verify the information that is obtained. I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. I understand all information provided is subject to the North Dakota Open Records Law.

A typed name is considered a signature.

Signature

Date

## Equal Opportunity Employer

Lake Region District Health Unit does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services, and complies with the provisions of the North Dakota Human Rights Act.

## Equal Employment Opportunity Self Identification

Due to the receipt of federal aid funds, Lake Region District Health Unit (LRDHU) is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites you to voluntarily self-identify your race or ethnicity. Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. The information obtained will be kept confidential, will be kept separate from all other personnel records only accessed by the Administrator of LRDHU, and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Please return completed forms to the LRDHU Administrator.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires County to determine this information by visual survey and/or other available information.

NAME:

JOB TITLE:

DATE COMPLETED:

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.