



Mott Health Care Center

401 Millionaire Ave, PO Box 32, Mott, ND 58646 ph: 701/824-3222



EMPLOYMENT APPLICATION

Name _____ Date _____

Social Security# _____ Position applying for: _____

Address _____

Telephone# _____

When could you begin employment _____

EDUCATION

School

Major or Subject

Dates of Attendance

FORMER EMPLOYERS / WORK EXPERIENCE

May supervisors be contacted? Yes__ No__

Name of business _____ Dates worked _____

Nature of experience:

Reason for leaving:

Phone#: _____ Supervisor _____

Name of business _____ Dates worked _____

Nature of experience:

Reason for leaving:

Phone#: _____ Supervisor _____

Name of business _____ Dates worked _____

Nature of experience:

Reason for leaving:

Phone#: _____ Supervisor _____



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MOTT HEALTH CARE CENTER EMPLOYMENT APPLICATION (Continued)

Have you been convicted of abuse, neglect or misappropriation of a resident's Trust Funds in a long-term care facility? Yes ____ No ____ . If YES, please explain:

PERSONAL REFERENCES (NOT RELATIVES)

Name	Phone	How know
1.		
2.		
3.		

This application was completed by me and I certify that the information is correct to the best of my knowledge. I understand that falsification of this application or any other hiring record or omission of requested information in any detail is grounds for disqualification from further consideration or for dismissal from employment regardless of when discovered.

I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and Mott Health Care Center. Furthermore, I understand that just as I am free to resign at any time, Mott Health Care Center, as employer, reserves the right to terminate my employment at any time with or without cause and without prior notice.

 Signature of Applicant Date

Mott Health Care Center is an Equal Opportunity Employer