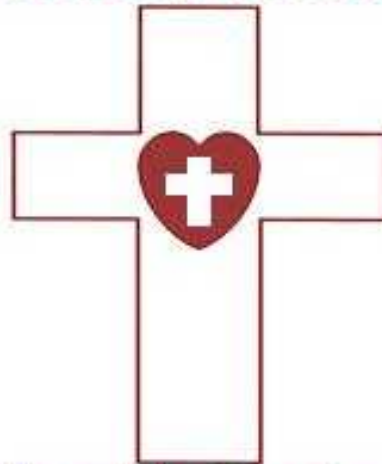




# Northwood Deaconess Health Center



**Northwood Deaconess**



**Health Center**

## Job Application

4 North Park Street  
Northwood, ND 58267  
701-587-6060  
[www.ndhc.net](http://www.ndhc.net)

A Ministry of the Lutheran Church  
Providing Health Care and Serving  
the Needs of the Elderly Since 1902



# Northwood Deaconess Health Center Application for Employment

Federal and state laws prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability or handicap.

## Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street/Box # City State Zip

Area Code & Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ Email Address \_\_\_\_\_

Professional License # \_\_\_\_\_ Type of License \_\_\_\_\_

## General Information

Are you 16 or older?  Yes  No

Have you ever been convicted, reprimanded or disciplined for mistreatment, neglect or abuse of residents or misappropriation of their property?  Yes  No

Have you ever had a finding by an agency or institution against you for child abuse or neglect?  Yes  No

If hired, can you furnish proof that you are eligible to work in the United States?  Yes  No

Are you aware of the job related functions for the job for which you are applying?  Yes  No  
(Note accompanying job description)

Have you ever worked as a **certified** nurse aide?  Yes  No

### **If yes:**

Facility name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

Have you ever worked as an **uncertified** nurse aide?  Yes  No

### **If yes:**

Facility name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

## Employment Desired

Position applying for \_\_\_\_\_

Shift you can work:  Day  Evening  Nights  Any

Date you can start \_\_\_\_\_ (Month, Day, Year)

Have you ever applied at Northwood Deaconess Health Center before?  Yes  No

When? \_\_\_\_\_ For what position? \_\_\_\_\_

Have you ever worked for Northwood Deaconess Health Center before?  Yes  No

When? \_\_\_\_\_ In what position? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for leaving: (fill in below)



# IMPORTANT

**Read carefully and initial each paragraph before signing.**

I understand that any employment by this facility will be subject to a six (6) calendar month review period. If employed by Northwood Deaconess Health Center, I agree to abide by its rules and regulations. By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true, and I understand that any false information or significant omissions may disqualify me from further consideration for employment. I agree to notify Northwood Deaconess Health Center immediately if I should be convicted of a felony or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.

Initials \_\_\_\_\_

I authorize the investigation of all statements contained in this application. I also authorize Northwood Deaconess Health Center to contact my present and past employers and listed references. I authorize any person, school and organizations named in this application form to provide Northwood Deaconess Health Center with relevant information and opinions that may be useful to the facility in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

Initials \_\_\_\_\_

I understand that in compliance with federal law, investigative background inquiries are to be made regarding me and that Northwood Deaconess Health Center may be requesting information from various federal, state and other agencies. Inquiries will pertain to records concerning my past activities and may include criminal, driving, credit and civil areas as well as claims in insurance company files that may involve me, and worker's compensation claims. **I, therefore, authorize, without reservation, any party or agency contacted by Northwood Deaconess Health Center to furnish the aforementioned information, noting that I have a right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation. I, also, hereby consent to the obtaining of the above information by Northwood Deaconess Health Center.**

Initials \_\_\_\_\_

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and I may, regardless of the date of payment on my wages or salary, be terminated at any time; or, I am free to end my employee/employer relationship with Northwood Deaconess Health Center at any time. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

Initials \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

*This application for employment will remain active for two years.*

Northwood Deaconess Health Center  
4 North Park Street P.O. Box 190  
Northwood, ND 58267

## Reference Form

If this is a character reference, please complete sections 2 and 4. Employment references, please complete all sections below.

To \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Name \_\_\_\_\_ has applied for the position of  
\_\_\_\_\_ with our facility.

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### 1. Please verify the following:

Was he/she employed from \_\_\_\_\_ to \_\_\_\_\_?  
Beginning date Ending date

Yes  No

WOULD YOU REHIRE?  Yes  No If No, why not?

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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### 2. Please answer the following:

Do you know of any convictions in a court of law this applicant may have had that were more serious than a traffic violation?  Yes  No If yes, explain:

Do you know if the applicant has ever been convicted, reprimanded or disciplined for mistreatment, neglect or abuse of a resident or misappropriation of a resident's property?  Yes  No If yes, explain:

Do you know if the applicant has ever had a finding by an agency or institution against him/her for child abuse or neglect?  Yes  No If yes, explain:

Reference Form, page 2

<u>3. Please rate the following:</u>	Excellent	Average	Poor
General job performance	_____	_____	_____
Attendance	_____	_____	_____
Quality of work	_____	_____	_____
Productive output	_____	_____	_____
Cooperation	_____	_____	_____
Initiative	_____	_____	_____
Communication with other staff	_____	_____	_____
Proper attire while at work	_____	_____	_____

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4. To add other information, please do so here:

**TO THE APPLICANT:**

**Please sign and date the "Reference Release" below and return it to Northwood Deaconess Health Center, along with your completed job application. The Reference Form will be copied and mailed to the persons you have named as references.**

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## Reference Release

I hereby authorize all my former employers, school officials and persons named herein as references to give to Northwood Deaconess Health Center any information they may have regarding my employment records and/or character. This may or may not be information documented in their records. I hereby release companies, schools, and individuals from any possible liability or damage resulting from the giving of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Maiden name or other names I may be known by \_\_\_\_\_

Northwood Deaconess Health Center  
Disclosure Statement

To the Prospective Employee:

In compliance with the provisions in the 1994 Anti-Crime Act, we request that you fill in the Disclosure Statement below. Please return the completed form along with your application as we cannot continue processing your application until the information is received.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please complete and sign SECTION 1 OR SECTION 2 of this Disclosure Statement, depending upon which applies to you.

Section One

I have never been convicted of crime other than a minor traffic violation.

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

Section Two

**(If you have been convicted of more than one crime, attach additional pages answering the same questions.)**

I have been convicted of a crime other than minor traffic violations. Information regarding the crime for which I was convicted is as follows:

1. Criminal charge:
2. Jurisdiction (court, county, state) in which I was convicted:
3. Date of conviction:
4. Penalty imposed, including conditions of the probation or conditional release and time periods of the penalty:
5. Name and address of the probation or parole agent, if any:
6. Date of my release from incarcerations, if applicable:

**If I have been convicted of more than one crime, the same information regarding each additional crime is given on the pages which I have attached as part of this Disclosure Statement.**

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

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Northwood Deaconess Health Center at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Eide Bailly LLP, 4310 17th Avenue S, Fargo, ND 58108, 866-999-8362, [www.eidebailly.com](http://www.eidebailly.com) and/or Northwood Deaconess Health Center. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

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



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Northwood Deaconess Health Center ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Eide Bailly LLP, 4310 17th Avenue S, Fargo, ND 58108, 866-999-8362, [www.eidebailly.com](http://www.eidebailly.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

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

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



**CONSUMER INFORMATION**

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

**Other Names/Alias:** \_\_\_\_\_  
Last First Middle

**Present Address:** \_\_\_\_\_  
Street City State ZIP

Years lived at present address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street City State ZIP

Years lived at present address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Social Security #\*:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth\*:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State of Driver's License** \_\_\_\_\_

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

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



**Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in

residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W., Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580; (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450; Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200, Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>