



Great Plains Clinic, P.C.
33 Ninth Street West, Dickinson, ND 58601
701-483-6017

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Great Plains Clinic, P.C. 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.

- Follow instructions carefully
- Provide detail – do not use “see resume”
- If accommodation or assistance is needed in completing this application, contact the employing agency.
- Print or type
- Check for errors & signature before submitting

General Information

Name (Last, First, Middle Initial)		Home Telephone	Cell Telephone	Email Address	
Mailing Address		City		State	Zip Code
Have you ever worked at Great Plains Clinic, P.C.? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate the date(s) of employment if known, and your former name(s) if your name changed.					
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)					
Position applying for:			How did you learn about this opening?		
Date you can start:			Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
Salary or wage expected:					
Please indicate any days you are unavailable to work:					

Military Information

Are you a Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes	Dates of Service: _____
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Education and/or Training

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Number of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Computer skills, related volunteer experience, and other education/training/skills:						

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

