

HAV-IT Services
409 West Brewster Street
Harvey, ND 58341
Phone: 324-4636

Application for Employment
This application does not establish an offer to be employed.

Where did you hear about HAV-IT Services?	
<input type="checkbox"/> HAV-IT Employee _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio
<input type="checkbox"/> TV	<input type="checkbox"/> Friend

We are an **Equal Opportunity Employer.**

Position you are applying for: _____ Date: ____-____-____

Personal Information:

Email: _____ Home Phone: _____ Work Phone: _____

Name: _____

Present Address: _____
Street City State Zip

Do you have a current driver license? No Yes; if yes, please identify the state and license number so we may obtain your driving record _____

Have you had any traffic violations within the last two years? Yes No; please identify below;
 Moving violation
 D. U. I.
 Other _____

Are you a CNA (Certified Nurse Aid)? Yes No; If Yes, which states? _____

Have you ever been a CNA? Yes No; If Yes, list licensure expiration date ____-____-____

Are you a licensed/certified as a Nurse Assistance? Yes No; If Yes, which states? _____

Have you ever been a licensed/certified as a Nurse Assistance? Yes No; If Yes, list licensure expiration date ____-____-____

Have you worked with adults or children who are vulnerable (such as nursing home, child care, developmental disabilities, etc.)? Yes No: If Yes, please identify if you have had a substantiated abuse, neglect or exploitation. Yes No

Have you been convicted of a criminal offense? Yes No If Yes, please explain below:

Such disclosure shall not disqualify the applicant for employment unless the conviction is for a crime having a direct bearing on the capacity of the applicant to perform his/her responsibilities and the person is not sufficiently rehabilitated under NDCC 12.1-33.02.1. If you are offered a position with HAV-IT, we are required to complete a Criminal Background check and a check with the Child Abuse and Neglect Central Registry.

Are you currently employed? Yes No Date you can start: ____-____-____

Education:		
Name & Location of School	Did you graduate?	List subjects studied or degree(s) received
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ Trade School	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Past Employers: Below, please list the last four employers, starting with the most recent first.

Dates Employed	Name, Address & Phone Number of Employer	Position Held	Reason for Leaving
From ____-____-____ To ____-____-____			
From ____-____-____ To ____-____-____			
From ____-____-____ To ____-____-____			
From ____-____-____ To ____-____-____			

Please complete and sign the "Consent For Reference" form for at least two of the employers listed above.

References: Below, please list personal references.

Name	Address & Phone	Business	Years Acquainted

Please feel free to request a job description for this position.

Applicant's Signature:
 I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

 Signature

_____-_____-_____
 Date