

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

Personal Information Date of Application _____ Date Available _____

Name _____ Social Security Number _____
Last First Middle

Present Address _____ Phone Number _____
Street City State Zip Code

Permanent Address (if Different than Present Address) _____ Phone Number _____
Street City State Zip Code

If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone _____

Employment Desired		
Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of: Full Time? Part Time? Temporary?
 Are You 18 Yrs. of Age or Older? Yes No
 Are You Employed Now? Yes No
 May We Contact Your Present Employer? Yes No
 How Did You Learn Of This Opening? _____

Education Scholastic Honors Received _____

Circle Highest Grade Completed 9 10 11 12 13 14 15 16

Type of Education	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ <small>Date</small>	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ <small>Date</small>	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ <small>Date</small>	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ <small>Date</small>	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From ___/___/___ To ___/___/___ Rank at Discharge _____
Month Day Year Month Day Year

Professional Licenses and/or Certifications				Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last _____ First _____ Middle Initial _____

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

Do Not Answer Questions In This Area - To Be Completed After Employed

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number and Ages of Children _____

Notify In Case of Emergency:

Name _____ Relationship _____

Street _____ City _____ State _____ Zip Code _____ Telephone _____

What Language(s) (Other than English) Do You Speak? _____

Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____

Date _____

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____
	P.M.	P.M.	
Monday	A.M.	A.M.	Will you accept another position: <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	If so, what? _____
	P.M.	P.M.	
Wednesday	A.M.	A.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Thursday	A.M.	A.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.
	P.M.	P.M.	
Friday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.
	P.M.	P.M.	
Saturday	A.M.	A.M.	_____ Applicant's Signature
	P.M.	P.M.	

Date _____

Date of background check: _____

Outcome: _____

Supervisor Initials: _____

Date of OIG check: _____

This Page For Institution and Interviewers' Use Only

Interviewers Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use		
Hired _____	For what department _____	Position _____
Salary _____ per	Year Month Hour	Starting Date _____



Roosevelt Medical Center

PO Box 419
 Culbertson, MT 59218
 Phone 406-787-6401
 Fax 406-787-6289

SENT TO: _____

One of your former/current employees has applied for employment with Roosevelt Medical Center. She/He has authorized the collection of any information concerning past performance. We would appreciate your replies to the questions asked. Please feel free to enclose additional information if you wish. **ALL INFORMATION IS CONFIDENTIAL.**
 Thank you for your assistance.

I hereby authorize the release of any information on this form.

APPLICANT'S SIGNATURE _____ DATE _____

SENT BY _____ DATE _____

Applicant's Name _____ Position applied for _____
 Named used while employed _____ Social Security Number _____
 Position held _____ Employment Dates _____
 Is the above information correct? _____ Yes _____ No
 Is the applicant eligible for rehire? _____ Yes _____ No If no, please explain _____

Please rate the following

	<u>AVERAGE</u>	<u>ABOVE AVERAGE</u>	<u>BELOW AVERAGE</u>	<u>NO KNOWLEDGE</u>
Ability to work w/ others	_____	_____	_____	_____
Appearance	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Job Knowledge	_____	_____	_____	_____
Judgment	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Quantity of Work	_____	_____	_____	_____
Overall Rating	_____	_____	_____	_____

Signature _____ Title _____ Date _____