

**ROOSEVELT MEDICAL CENTER
APPLICATION FOR EMPLOYMENT**
Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For _____ Date _____

How did You Learn About Us?

- Advertisement Relative Inquiry
 Employment Agency Friend Other _____

PERSONAL INFORMATION

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Message Phone _____ E-mail _____

GENERAL INFORMATION

Type of employment desired () Full-time () Part-time () Temporary () Seasonal Shift Desired _____

On what date would you be available to work? _____

Do you need accommodation to participate in the application or interview process? Yes No

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of a crime other than minor traffic offense Yes No

If yes, please explain:

(A conviction will not necessarily automatically disqualify you from employment. Rather such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered)

EMPLOYMENT HISTORY

Please fill this section out completely. A resume is acceptable only if it includes all of the information being requested for each position held.

Begin with your most recent employment.

Company Name _____ Address _____

Job Title _____ Dates of employment _____ to _____

Job Description (duties, skills, equipment used)

Reason for leaving _____

Person to Contact _____ Phone # _____

Company Name _____ Address _____

Job Title _____ Dates of employment _____ to _____

Job Description (duties, skills, equipment used)

Reason for leaving _____

Person to Contact _____ Phone # _____

Company Name _____ Address _____

Job Title _____ Dates of employment _____ to _____

Job Description (duties, skills, equipment used)

Reason for leaving _____

Person to Contact _____ Phone # _____

If you need additional space, please continue on a separate sheet of paper.

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	SELECT LAST GRADE COMPLETED	MAJOR & DEGREE
High School			<input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
College			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
College			<input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8+	
Business or Trade School			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	

ADDITIONAL INFORMATION

Skills and Qualifications. Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Please list any applicable Specialized Training you have received/completed.

DRIVING RECORD INFORMATION (If applicable to position)

Do you have a driver's license? Yes No

If yes, list name of state and expiration date _____.

For all driver's licenses you have had issued within the past 10 years, list the state(s) and year(s) of issue:

Prior to employment, **ROOSEVELT MEDICAL CENTER** will request authorization to check your driving record for moving violations and "charge" accidents for the past five years. List any moving violations and chargeable accidents you have had for the past five years.

REFERENCES)

Professional References: List any persons not related to you, who would be familiar with your knowledge, skills and abilities applicable to the position you are applying for.

Name

Address

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with **ROOSEVELT MEDICAL CENTER** is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from **ROOSEVELT MEDICAL CENTER**'s service, whenever it is discovered.

I expressly authorize **ROOSEVELT MEDICAL CENTER** and its agents, without reservation, to conduct a criminal background check and to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **ROOSEVELT MEDICAL CENTER** or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that **ROOSEVELT MEDICAL CENTER** does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Acknowledgment:

I understand that typing my full name into the below box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please sign or type your Full Name, without abbreviations:

Signature _____ Date _____

ROOSEVELT MEDICAL CENTER is an equal opportunity employer.

Date of background check: _____ Outcome: _____

Supervisor Initials: _____ Date of OIG Check: _____

Signature _____ Title _____ Date _____

THIS PAGE FOR ROOSEVELT MEDICAL CENTER AND INTERVIEWERS' USE ONLY

Interviewers' Comments		
Interviewer	Date	Comments

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



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 _____