



DANIELS MEMORIAL HEALTHCARE CENTER

P.O. Box 400
Scobey, MT 59263

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____
How did you learn about the position? _____

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Office Phone _____ Other Phone _____
Email Address _____ Social Security Number _____

On what date would you be available for work? _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restrictions? Yes No

Have you ever been convicted of a felony? Yes No If yes please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No If yes please describe the circumstances: _____

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certificates, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

PROFESSIONAL REFERENCES (Individuals who can provide job related reference information.)		
Name:	Occupation	Organization
	Phone	Address
Name:	Occupation	Organization
	Phone	Address
Important! Give name and address of person to notify in case of emergency.		
Name:	Phone Number	Address

Employment: (Most Recent First).

1. Employer _____ Job Title _____
 Dates Employed _____ Position held _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for leaving _____

2. Employer _____ Job Title _____
 Dates Employed _____ Position held _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for leaving _____

3. Employer _____ Job Title _____
 Dates Employed _____ Position held _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for leaving _____

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Applicant—Please do not use this space below:

Interviewed by:	Date:	Time:	Rated by:	Date:	Time:	
DISPOSTION	Position Title:	Department	Rate	Shift	Starting Date	Supervisor