



**Daniels
Memorial**
HEALTHCARE CENTER

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 _____ Email Address _____

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	

List training, certificates, or licenses held: _____

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

PROFESSIONAL REFERENCES (PLEASE DO NOT LIST FAMILY MEMEBERS OR FRIENDS)		
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 _____
Dates Employed _____ Position held _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for leaving _____

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

3. Employer _____
Dates Employed _____ Position held _____
Address _____ City _____ State _____ Zip _____
Phone _____ 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 understand if I am hired. I am subject to a probationary period. Daniels Memorial Healthcare Center reserves the right to terminate my employment at anytime for any reason or no reason at all during the probationary period.

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