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| **EMPLOYMENT APPLICATION** | |
| APPLICATION DATE | POSITION APPLYING FOR |

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| **PERSONAL** | | | | | | | | | | | | | | |
| LAST NAME | | | | | | | | FIRST NAME | | | | | | M.I. |
| HOME ADDRESS | | | | APT. # | | CITY | | | | | STATE | | ZIP CODE | |
| TEL. NO. (AREA CODE) | | | U.S CITIZEN YES NO  IF NO, VISA TYPE AND NUMBER: | | | | | | SOCIAL SECURITY # | | | IS YOUR AGE:  UNDER 18: YES NO | | |
| LIST ANY REASON KNOWN TO YOU WHY YOU MIGHT NOT BE ABLE TO PERFORM CONSISTENTLY AND PROMPTLY ANY OF THE DUTIES OF POSITION APPLIED FOR:  (Please review the job description before answering this question) | | | | | | | | | | | | | | |
| DATE AVAILABLE | STARTING SALARY NEEDED | | | | | | WILL YOU ACCEPT ANOTHER POSITION YES NO  IF YES, PLEASE SPECIFY: | | | | | | | |
| WILL YOU ACCEPT SHIFT WORK YES NO | | WILL YOU ACCEPT WEEKEND WORK YES NO | | | | | | | | WILL YOU WORK FULL-TIME PART-TIME TEMPORARY | | | | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME YES NO  IF YES, GIVE DATE(S), OFFENSE(S) AND DISPOSITION: | | | | | DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE YES NO  NAME DEPT. RELATIONSHIP | | | | | | | | | |

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| **EMPLOYMENT HISTORY** | | | | | |
| LIST MOST RECENT POSITION FIRST LIST OTHER NAMES USED WHILE EMPLOYED WITH THESE EMPLOYERS: | | | | | |
| FROM  Mo. Yr. | NAME OF EMPLOYER | NAME/TITLE LAST SUPERVISOR | | | TELEPHONE NO. |
| TO  Mo. Yr. | ADDRESS: Street City State Zip Code | | POSITION HELD | | ENDING SALARY  \_\_\_\_\_\_\_\_ PER\_\_\_\_\_\_\_\_\_ |
| Briefly describe the work you performed: | | | | | |
| Reason for Leaving: | | | | MAY WE CONTACT THIS EMPLOYER?  YES NO | |
|  | | | | | |
| FROM  Mo. Yr. | NAME OF EMPLOYER | NAME/TITLE LAST SUPERVISOR | | | TELEPHONE NO. |
| TO  Mo. Yr. | ADDRESS: Street City State Zip Code | | POSITION HELD | | ENDING SALARY  \_\_\_\_\_\_\_\_ PER\_\_\_\_\_\_\_\_\_ |
| Briefly describe the work you performed: | | | | | |
| Reason for Leaving: | | | | MAY WE CONTACT THIS EMPLOYER?  YES NO | |
|  | | | | | |
| FROM  Mo. Yr. | NAME OF EMPLOYER | NAME/TITLE LAST SUPERVISOR | | | TELEPHONE NO. |
| TO  Mo. Yr. | ADDRESS: Street City State Zip Code | | POSITION HELD | | ENDING SALARY  \_\_\_\_\_\_\_\_ PER \_\_\_\_\_\_\_\_\_ |
| Briefly describe the work you performed: | | | | | |
| Reason for Leaving: | | | | MAY WE CONTACT THIS EMPLOYER?  YES NO | |

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| **EDUCATION** | | | | | | | | | | | | | | | |
| SCHOOL | NAME OF SCHOOL | | LOCATION | | YEARS  COMPLETED | DATES | | | | | COURSE OF STUDY | | DID YOU GRADUATE | | DIPLOMA  DEGREE |
| FROM | | | TO | |
| HIGH SCHOOL |  | |  | |  |  | |  |  |  |  | | YES  NO | |  |
| TRADE |  | |  | |  |  | |  |  |  |  | | YES  NO | |  |
| COLLEGE |  | |  | |  |  | |  |  |  |  | | YES  NO | |  |
| GRADUATE |  | |  | |  |  | |  |  |  |  | | YES  NO | |  |
| PROFESSIONAL |  | |  | |  |  | |  |  |  |  | | YES  NO | |  |
| BUSINESS |  | |  | |  |  | |  |  |  |  | | YES  NO | |  |
| OTHER |  | |  | |  |  | |  |  |  |  | | YES  NO | |  |
| LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT THAT YOU OPERATE PROFICIENTLY: | | | | | | | | | | | | | | | |
| **Professional Licenses, Registration and/or Certifications ~ Do Not Include Drivers License** | | | | | | | | | | | | | | | |
| TYPE | | STATE ISSUED | | DATE ISSUED | | | EXPIRES | | | | | NUMBER | | ELIGIBLE | |
| TYPE | | STATE ISSUED | | DATE ISSUED | | | EXPIRES | | | | | NUMBER | | ELIGIBLE | |
| TYPE | | STATE ISSUED | | DATE ISSUED | | | EXPIRES | | | | | NUMBER | | ELIGIBLE | |

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| **APPLICANT’S CERTIFICATION** |
| **I certify that all matters contained in this application are true and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.**  **I further understand that this is an application for employment and that no employment contract is being offered.**  **I agree, if employed, to abide by all Deer Lodge Medical Center rules and regulations. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time.**  **I hereby authorize DLMC to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.**  **I have read and understand the above.**  **SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **IMPORTANT NOTICE TO ALL APPLICANTS** |
| **If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and non-immigrants. You will have to provide documentation within 3 days of your hire date to verify your identity and eligibility to work.** |