

Deer Lodge Medical Center
1100 Hollenback Road, Deer Lodge, MT 59722

EMPLOYMENT APPLICATION	
APPLICATION DATE	POSITION APPLYING FOR

PERSONAL				
LAST NAME		FIRST NAME		M.I.
HOME ADDRESS	APT. #	CITY	STATE	ZIP CODE
TEL. NO. (AREA CODE)	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, VISA TYPE AND NUMBER:		SOCIAL SECURITY #	IS YOUR AGE: UNDER 18: <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY:		
WILL YOU ACCEPT SHIFT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU ACCEPT WEEKEND WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		
HAVE YOU EVER BEEN CONVICTED OF A CRIME <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE(S), OFFENSE(S) AND DISPOSITION:		DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE <input type="checkbox"/> YES <input type="checkbox"/> NO NAME DEPT. RELATIONSHIP		

EMPLOYMENT HISTORY			
LIST <u>MOST RECENT</u> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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									<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE									<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE									<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE									<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROFESSIONAL									<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS									<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER									<input type="checkbox"/> YES <input type="checkbox"/> 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

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 _____

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.