

**Madison Valley Medical Center
P.O. Box 397 305 Main
Ennis, Montana 59729**

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, NATIONAL ORIGIN, GENDER, RELIGION, MARITAL STATUS OR DISABILITY.

Please accurately complete all requested information

Name _____ Position Applied For _____

Address _____ Phone _____

City _____ Cell Phone _____

State/Zip _____ E-mail _____

Type of employment desired: () Full-time () Part-time () Temporary () Pool

Do you need any accommodation to participate in the application or interview process?

() Yes () No

If yes please explain: _____

Have you been convicted of a Felony? If so, please, please explain. A felony conviction will not prohibit employment, but will only be considered in relation to specific job requirements.

Are you legally eligible for employment in the United States () Yes () No; Proof of identity and work authorization is required upon employment.

-----EDUCATION-----

CIRCLE HIGHEST SCHOOL YEAR COMPLETED

8 9 10 11 12 13 14 15 16 17 18 19

GED, HS Diploma, AA, BA, BS, MA and/or Ph.D.

Name school(s) beyond High School _____

Training Length _____ Major _____

Vocational Training _____ Other Specialized Training _____

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.

EMPLOYMENT

Starting with most recent employment

1. Company Name

Address

Job Description (duties, skills, equipment used)

Dates of employment: Start ___/___/___ End ___/___/___ Phone # _____

Reason for leaving _____ Name of Contact: _____

Final Compensation: \$ _____ per (hour, week, month or year)

2. Company Name

Address

Job Description (duties, skills, equipment used)

Dates of employment: Start ___/___/___ End ___/___/___ Phone # _____

Reason for leaving _____ Name of Contact: _____

Final Compensation: \$ _____ per (hour, week, month or year)

3. Company Name

Address

Job Description (duties, skills, equipment used)

Dates of employment: Start ___/___/___ End ___/___/___ Phone # _____

Reason for leaving _____ Name of Contact: _____

Final Compensation: \$ _____ per (hour, week, month or year)

4. Company Name

Address

Job Description (duties, skills, equipment used)

Dates of employment: Start ___/___/___ End ___/___/___ Phone # _____

Reason for leaving _____ Name of Contact: _____

Final Compensation: \$ _____ per (hour, week, month or year)

Summary of additional work/skills related information. What knowledge, special technical skills and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can operate and /or maintain.

Professional References: Provide the names of persons not related to you. These people should be familiar with your knowledge, skills and abilities.

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact: Should you be employed we would need the name and contact information of an individual to reach in the event of an emergency during working hours.

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____

How did you learn about the position you are applying for?

Newspaper

Madison Valley Medical Center Web Site

State Job Posting

Madison Valley Medical Center Employee

Other Source, Type _____

Please carefully read and sign the back page.

I, (print name) _____, certify that all information I have provided in order to apply for and secure work with Madison Valley 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 an immediate discharge from Madison Valley Medical Center, whenever it is discovered.

I expressly authorize Madison Valley Medical Center without reservation or liability, to contact and obtain information from all references, employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Madison Valley 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.

I understand that submission of an application does not guarantee employment. I understand that none of the documents, policies, procedures, actions and statements of Madison Valley Medical Center used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of Madison Valley Medical Center except the President/CEO (Corporate Executive Officer) and/or his/her official representative of record, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the aforementioned, official Madison Valley Medical Center authorizing personnel.

I understand that Madison Valley 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.

Date: _____/_____/_____

Signature: _____