



## EMPLOYMENT APPLICATION INSTRUCTIONS

1. Complete this application completely and sign the last page.
2. Read the applicant information on the last page.
3. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING ANY QUESTION.

## GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP

## EMPLOYMENT DESIRED

POSITION APPLIED FOR		SALARY DESIRED
HOW WERE YOU REFERRED TO THIS FACILITY?		ARE YOU APPLYING FOR: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT <input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED BY BIG HORN HOSPITAL ASSOCIATION? IF SO, WHEN? <input type="checkbox"/> Big Horn County Memorial Hospital <input type="checkbox"/> Heritage Acres		DATE AVAILABLE FOR WORK:
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> DEPARTMENT:	ARE YOU OF LEGAL AGE TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	WOULD YOU CONSIDER WORKING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PROOF IS REQUIRED.		SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
DO YOU UNDERSTAND THE ESSENTIAL FUNCTIONS OF THE JOB OR HAVE YOU READ THE JOB DESCRIPTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST TO A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN THE INCIDENT, CITY/STATE & CHARGE:		
HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST TO A MISDEMEANOR? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN THE INCIDENT, CITY/STATE & CHARGE:		

## EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1	2	3	4		
COLLEGE			1	2	3	4		
COLLEGE			1	2	3	4		
If YOUR SCHOOL RECORDS ARE UNDER A DIFFERENT NAME THAN LISTED IN THE GENERAL INFORMATION SECTION, PLEASE ENTER THAT NAME:								
YOU MAY BE ASKED TO FURNISH OFFICIAL TRANSCRIPTS FROM THE SCHOOLS OR COLLEGES LISTED ABOVE.								
OTHER BUSINESS COLLEGE, OTHER SPECIAL COURSES (INCLUDE SPECIAL MILITARY TRAINING, POST GRADUATE AND NURSING)								
AREA OF SPECIALIZATION OR MAJOR INTEREST					TYPING: APPROX. WPM			
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								

## LICENSES / CERTIFICATIONS

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS*				*List all states ever licensed registered or certified.			
ARE YOU CURRENTLY: <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED				ELIGIBLE FOR: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION			
IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO.			
	NAME AS IT APPEARS ON YOUR LICENSE /CERTIFICATION						
	TYPE	STATE ISSUED	DATE	NO.			
	NAME AS IT APPEARS ON YOUR LICENSE /CERTIFICATION						
	TYPE	STATE ISSUED	DATE	NO.			
	NAME AS IT APPEARS ON YOUR LICENSE /CERTIFICATION						

## REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS, AND WHO MAY BE CONTACTED REGARDING YOU PAST WORK PERFORMANCE AND JOB EXPERIENCE:			
NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

**EMPLOYMENT HISTORY**

List Most Recent Positions First

COMPANY NAME	TELEPHONE (      )
ADDRESS	EMPLOYED (MONTH & YEAR) FROM                      TO
NAME OF SUPERVISOR	WEEKLY PAY START                      LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DECISION TO LEAVE: <input type="checkbox"/> LAYOFF <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY

COMPANY NAME	TELEPHONE (      )
ADDRESS	EMPLOYED (MONTH & YEAR) FROM                      TO
NAME OF SUPERVISOR	WEEKLY PAY START                      LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DECISION TO LEAVE: <input type="checkbox"/> LAYOFF <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY

COMPANY NAME	TELEPHONE (      )
ADDRESS	EMPLOYED (MONTH & YEAR) FROM                      TO
NAME OF SUPERVISOR	WEEKLY PAY START                      LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DECISION TO LEAVE: <input type="checkbox"/> LAYOFF <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY

COMPANY NAME	TELEPHONE (      )
ADDRESS	EMPLOYED (MONTH & YEAR) FROM                      TO
NAME OF SUPERVISOR	WEEKLY PAY START                      LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DECISION TO LEAVE: <input type="checkbox"/> LAYOFF <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY

PLEASE GIVE AN EXPLANATION OF ANY GAPS IN EMPLOYMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MILITARY / VOLUNTEER EXPERIENCE

DID YOU SERVE IN THE U.S. ARMED SERVICES? ☐ YES ☐ NO WHAT BRANCH?

HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES? ☐ YES ☐ NO WHERE?

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH VOLUNTEER OR MILITARY SERVICE: (INCLUDE DATES)

## PERSONAL INFORMATION

DESCRIBE THE SKILLS AND ABILITIES YOU FEEL QUALIFY YOU FOR A POSITION. You may choose to include special training you have received, professional associations you belong to, computer experience, hobbies, etc.

## APPLICANT ACKNOWLEDGEMENT

MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION

- I hereby certify that the information contained in this application form is true and correct.
- I authorize representatives of this facility to conduct a background check which may include but is not limited to a criminal history check, Office of Inspector General (OIG) Exclusions Program, sexual offenders registry and contacting any of my schools, former employers and other references unless otherwise stated. I understand and acknowledge that based upon the results of that check and other matters that I may not be eligible for employment with Big Horn Hospital Association. I realize that undergoing a background investigation is used in determining my qualifications and suitability to be an employee with Big Horn Hospital Association. I understand that Big Horn Hospital Association will NOT release the information provided to them to any person, including myself.
- 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.
- I certify that I have answered all of the questions on this application and understand that incomplete applications will not be considered in an employment decision.
- I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal.
- 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 the 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. Acceptance of this application and subsequent hiring, if any, does not bind either party for any specific period regarding employment.
- I further understand that if selected for employment with Big Horn Hospital Association, my employment is contingent upon the negative results of a pre-employment drug screening.
- I also agree to have my photograph taken for identification and timekeeping purposes if hired.
- I give permission to have a Tuberculosis skin test administered on myself by licensed personnel.
- This application for employment shall be considered active for a period of time not to exceed 45 days. 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

June 2, 2009

## AN EQUAL OPPORTUNITY EMPLOYER

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**Big Horn County Memorial Hospital • 17 N Miles • Hardin, MT 59034 • (406) 665-2310 • (406) 665-2310 fax**  
**Heritage Acres • 200 N Mitchell • Hardin, MT 59034 • (406) 665-2802 • (406) 665-3809 fax**  
**www.bighornhospital.org**