COMMUNITY MEDICAL CENTER

2827 Fort Missoula Road ■ Missoula, MT 59804
(406) 327-4254 ■ Fax (406) 327-4495
Job Line (406) 327-4255
www.communitymed.org

Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS – Print in ink or type all answers. Read carefully and *fill in items completely*. Return completed application directly to Community Medical Center.	Title and Posting number of position(s) applied for	
Name (Last, First, Middle)	Social Security No.	Home Phone

Street Address	City	County	State	Zip Code	Cell Phone
Email Address	How do you prefer to be contacted? ☐ Email ☐ Phone ☐ Mail ☐ Fax_____				Office Phone

Are You Under 18? ☐ Yes ☐ No

How did you learn of this position opening? ☐ Journal ☐ Website ☐ Newspaper ☐ Job Line ☐ CMC Referral / Name_____ ☐ Other_____

PROFESSIONALS: Are You Registered/Licensed/or Certified in This State? ☐ Yes ☐ No	Year First Registered/ Licensed/or Certified	Registered/Licensed/ Certified As	Last Date Renewed		Registration/License/ or Certification No.
			From	To	

Have you ever had a Professional License disciplinary action, or has your license ever been revoked, suspended, restricted, or modified in any state? ☐ Yes ☐ No If yes, attach full details.

If you do not have a required registration or license, have you applied for one? ☐ Yes ☐ No

If an examination is required, what date are you scheduled to take the examination? _____ (date)

If not licensed in the State of Montana, have you applied for reciprocity? ☐ Yes ☐ No

CRIMINAL RECORD: Conviction of a crime is not an automatic bar from employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.

Have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND or BAIL for any crime other than traffic violations?

☐ Yes ☐ No

If yes, give details: _____

DRIVING RECORD: *If the position applied for involves driving,*
have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BAIL for any traffic violations in the past three years?

☐ Yes ☐ No

If yes, give details: _____

WORK AVAILABLITY

Full-time ☐ Part-time ☐ TPD/On-call ☐

Temporary ☐ If temporary, indicate which months available: _____

Indicate shift preference: _____ Days _____Evenings _____Nights Indicate date you are available to begin work: _____

PERSONAL REFERENCES

NOTE: It is the policy of this institution to check the references of persons selected for hire. If you have had a name change throughout your employment history, please state what and when in order to facilitate reference check.

_____

List Names and Phone Numbers of Three Personal References. These references are aware they will be contacted.

_____

_____

_____

EQUAL OPPORTUNITY IN EMPLOYMENT

Community Medical Center makes every attempt to provide equal employment opportunities to all persons regardless of race, creed, color, religion, ancestry, sex, national origin, physical or mental disability, on-the-job injuries, age, marital or veteran status, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

AUTHORIZATION, VERIFICATION, RELEASE AND SIGNATURE:

1. I authorize the investigation of all matters which the Medical Center deems relevant to my qualifications for employment, including all statements made in this application, in any attachments or supporting documents, and in any interviews. I authorize Community Medical Center to request and receive such information regarding me and my former employment, education, and training, and I release from all liability any persons (such as former supervisors, employers, or coworkers) supplying it. I also release the Medical Center from all liability which might result from making the investigation.

2. I certify that the facts and information given in this application, in any attachments or supporting documents, and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.

3. I understand that I may be required to professional examinations, medical inquiries, and/or testing, including drug and alcohol testing, if I am offered a job, but before I become an employee. I agree to submit to such examinations. I understand that a copy of Community Medical Center's Drug and Alcohol Qualified Testing Program is available for review in the Human Resource Department. I authorize the release of the results of the tests described above to Community Medical Center to use to evaluate my qualifications for employment. I also hereby release Community Medical Center from all liability arising out or connected with any examinations, inquiries or testing.

4. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

☐ Yes ☐ No

SIGNATURE _____ **DATE** _____

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED

QUALIFICATIONS

Please list any education, training and/or specialized experience which you feel would help you perform the job(s) for which you are applying, such as schools; colleges; degrees; licenses; vocational, technical or military experience or training; hobbies, etc.

NAME AND ADDRESS OF SCHOOL OTHER PROVIDER OR PROGRAM		IDENTIFY YOUR MAJOR OR MINOR; DESCRIBE THE SPECIALIZED TRAINING OR EXPERIENCE, ETC.
	Did You Graduate? ☐ Yes ☐ No Degree	
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Special skills or experiences pertinent to this application or required in the position announcement

WORK HISTORY *This information will be used to qualify and rank job applicants*

Have you ever been employed by Community Medical Center? ☐ Yes ☐ No

Are you willing to have your present or most recent employer contacted regarding your qualifications? ☐ Yes ☐ No

NOTE: Any job offer will be conditioned upon the employee granting consent.

Begin with your present or last work and list in reverse order every position you have held. Complete fully, especially description of duties, giving tasks performed, responsibilities and number of people you supervised. **Attach additional sheet if necessary.**

Name of Firm	Street Address, City, State, Zip Code	**Office Phone**

Date Started	Date Separated	Total Time Employed Yrs. Mos.	Hours Per Week	Starting Salary	Last Salary

Position Held	Immediate Supervisor and Title	Reason for Leaving

Description of Duties

Name of Firm	Street Address, City, State, Zip Code	**Office Phone**

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