

APPLICATION FOR EMPLOYMENT



**FALLON
MEDICAL
COMPLEX**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name		
Address	City	State	Zip Code	
E-Mail Address		Home Phone Number		

Best time to call you is: _____ At the following number: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? (SS Card, Driver License, Passport, etc.) Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date(s) _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you a United States citizen? Yes No
Proof of citizenship or immigration status will be required upon employment

Date available for work _____ What is your desired salary range? _____

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last seven years? Yes No
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION, TRAINING & ACTIVITIES

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

List any Scholarships, Academics Honors, Awards or Special Achievements.

Describe any specialized training, apprenticeships, volunteer work and relevant extra curricular activities. *You may exclude activities which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

List professional, trade, business or civic activities and offices held. *You may exclude activities which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

EMPLOYMENT EXPERIENCE

Start with your present or last job. It is our policy to contact prior employers for job references. We will also contact present employers, unless asked not to do so on Page 1 of this application.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

Personal References

1.	()	
	(Name)	Phone #
	(Address)	
2.	()	
	(Name)	Phone #
	(Address)	
3.	()	
	(Name)	Phone #
	(Address)	

PERSONAL STATEMENT

State any additional information you feel may be helpful to us in considering your application. Include why you believe you are qualified for this position.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing, with or without a reasonable accommodation, the duties and activities required for the job for which you are applying? You hereby acknowledge that you have reviewed the job description for this position.

Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in denial of employment or discharge.

Signature of Applicant



"Friends Healing Friends"

FALLON MEDICAL COMPLEX

PO Box 820
202 South 4th Street West
Baker, MT 59313-0820
(406) 778-3331
FAX (406) 778-2488
www.fallonmedical.org

Dear Fallon Medical Complex Job Applicant:

Please provide your dated signature in the box at the bottom of this form. We will complete the top portion of the form as needed to request past and/or present employment/education history during the employment application process. Thank you.

AUTHORIZATION TO RELEASE INFORMATION

ATTENTION: _____ EMPLOYER: _____

The individual listed below has applied for employment at Fallon Medical Complex and has authorized the release of any information you may have in regard to his/her past employment/education record. We appreciate your assistance as we place great importance on the thorough screening of all our applicants.

Name

Today's Date

Social Security Number

Position Applied For

Position Held

Employment Dates

I have applied for a position with Fallon Medical Complex and would like them to be fully advised of my employment/education record. Therefore, I hereby release the above listed employer from any and all liability of potential damages for disclosure of information provided to Fallon Medical Complex.

Signature of Applicant

Date