

ROUNDUP MEMORIAL HEALTHCARE

PO Box 40
1202 3RD Street West
Roundup, MT 59072
406 323-2301

Employment Application

M/F DISABLED and VET EEO/AA EMPLOYER

It is the policy of Roundup Memorial Healthcare to provide equal employment opportunity. Selection of applicants shall be made on the basis of their qualifications and ability to perform the job, without regard to race, color, religion, sex, national origin, age, marital status or the presence of a disability that does not interfere with the performance of the essential functions of the job applied for.

NAME (LAST, FIRST, MI)		
POSITION APPLIED FOR	POSITION APPLIED FOR	POSITION APPLIED FOR
DATE	DATE	DATE



Roundup Memorial Healthcare

PERSONAL INFORMATION

Name (Last, First, MI)

Have you ever been employed under another name? If yes, list name and when

Yes No

Present address (street no.)

City, State

Zip Code

How long?

If at present address less than 6 months give previous address

How long?

Telephone number

Relatives employed at this facility? If yes, list names and department

Yes No

Are you a U.S. Citizen? If no, list country.

Yes No

How did you learn about the job opening?

Position applying for

Do you prefer

Full Time Part time

Days/Shifts available (circle selections)

S M T W T F S 1st 2nd 3rd

When would you be available for work?

Were you previously employed with us? If yes, when?

Yes No

Have you been convicted of a felony? If yes, explain.

Yes No

EDUCATION

Type of School

Name / Address

Degree (Yes/No)

Course / Major

High School

College

Post Graduate

Business/Trade

Other

Office Machines you operate proficiently:

List special certificates and/or technical professional licenses:

Typing Speed

Shorthand Speed

Have you ever been bonded?

Yes No

If yes, where and when.

Please use the space below to summarize any information necessary to describe your full qualifications.

Did you serve in the U.S. Armed Forces?

Yes No

If yes, what branch?

Briefly describe duties and skills acquired through military service including dates:



EMPLOYMENT						Begin with the most recent
From	To	Employer Name & Address	Pay Rate	Job Title	Duties	
		Supervisor's Name / Phone Number				
Reason for Leaving:						
From	To	Employer Name & Address	Pay Rate	Job Title	Duties	
		Supervisor's Name / Phone Number				
Reason for Leaving:						
From	To	Employer Name & Address	Pay Rate	Job Title	Duties	
		Supervisor's Name / Phone Number				
Reason for Leaving:						
From	To	Employer Name & Address	Pay Rate	Job Title	Duties	
		Supervisor's Name / Phone Number				
Reason for Leaving:						
From	To	Employer Name & Address	Pay Rate	Job Title	Duties	
		Supervisor's Name / Phone Number				
Reason for Leaving:						

Revised: 03/10/17

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth on this application are truth and complete to the best of my knowledge. I understand that if employed, false statements or omissions on the application may be considered sufficient cause for discharge. Before employment, I will be required to submit proof of citizenship or immigration status. I meet the minimum statutory age requirements for the position for which I am applying. My employment will be contingent on the receipt of references considered satisfactory to Roundup Memorial Healthcare. My employment will be contingent upon satisfactory completion of a 180-day probationary period. I may be scheduled for any shift or work unit necessary in order to properly staff the facility.

I hereby authorize the release of any employment information requested by Roundup Memorial Healthcare. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

Signature: _____ Date: _____