



# APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is valid for 90 days only.  
Consideration for employment 90 days after submission date requires a new application.

Position(s) Applied For \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Are you authorized to work in the United States?    Yes                                  No

How Did You Learn About Us?

Advertisement                      Relative                      Inquiry  
Employment Agency              Friend                      Other \_\_\_\_\_

## GENERAL INFORMATION

Type of employment desired:    Full-time              Part-time              Temporary              Seasonal

Shift Preference:                      First                      Second                      Third

Available for:                              Weekends              Holidays              Rotating Shifts              On-Call

On what date would you be available to begin work? \_\_\_\_\_

Do you need an accommodation to participate in the application or interview process?    Yes                                  No

Are you over 18 years of age?    Yes    No    If **no**, please list your age. \_\_\_\_\_

Do you have any relatives employed by this MHC?    Yes              No              If yes, name of relative. \_\_\_\_\_

During the last ten years, have you ever been convicted of a felony?

Yes              No

If yes, please explain: \_\_\_\_\_

A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

**MONTANA HEALTH COOPERATIVE IS AN EQUAL OPPORTUNITY EMPLOYER.  
WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL  
ORIGIN, MARITAL STATUS, MILITARY STATUS, OR DISABILITY.**

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	Check Last Year/Grade Completed				MAJOR	DATE & DEGREE AWARDED
			10	11	12			
High School								
College			1	2	3	4		
College			1	2	3	4		
College			1	2	3	4		
Business or Trade School			1	2	3	4		
Business or Trade School			1	2	3	4		

**ADDITIONAL INFORMATION**

**Skills and Qualifications.** Summarize any training, skills, and areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying. Include any health care, business, or industrial equipment operated.

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**United States Military Training.** Summarize any job-related training you received in the United States military.

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**Professional Licenses and/or Certifications.**

If licensed, registered or certified, list:

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No.: \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No.: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please fill this section out completely and do not write, "see resume." Begin with your most recent employment.

**COMPANY Name** \_\_\_\_\_ Address \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of employment: Start \_\_\_\_\_ End \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Person to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**COMPANY Name** \_\_\_\_\_ Address \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of employment: Start \_\_\_\_\_ End \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Person to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**COMPANY Name** \_\_\_\_\_ Address \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of employment: Start \_\_\_\_\_ End \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Person to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**COMPANY Name** \_\_\_\_\_ Address \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of employment: Start \_\_\_\_\_ End \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Person to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.



If you do not want us to contact any of the above listed current or former employers, please list below and state the reason you do not want each contacted.

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**REFERENCES**

**Professional References:** Give three references who are not relatives or former employers.

Name	Address	Phone Number

**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with **MHC** 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 immediately discharge me from **MHC** service, whenever it is discovered.

I expressly authorize **MHC** and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **MHC** 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 about me.

I understand that **MHC** 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 understand that completion of this Application For Employment does not guarantee that COMPANY has employed me. In the event that i shall become an employee of MHC, I understand that i must abide by all rules and regulations of the CO-OP including the code of conduct.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date: \_\_\_\_\_

\_\_\_\_\_  
Electronic Signature

**MONTANA HEALTH COOPERATIVE is an Equal Opportunity Employer.**