

EMPLOYMENT APPLICATION

Mountainview Medical Center, Inc. P O Box Q 16 West Main White Sulphur Springs MT 59645 (406) 547-3321 – Fax (406) 547-3589

INSTRUCTIONS: Complete as accurately as possible. If a question does not apply, write NA in the space. Complete in ink.

IDENTIFICATION

Today's Date_____

Last First	Middl	e Initial	Social Security Number			
			~			
Present Address/street/mailing/city/state/zip code			Telephone Number			
If you are not a U.S. citizen, do you have an Alien	Registration Receipt Ca	rd (I-151)?	E-mail Address			
\Box YES \Box NO \Box NA						
Have you ever been convicted of a felony? YES NO If yes, explain						
What or who prompted you to apply here (please l	be specific, i.e. newspap	er, journal, name	of friend, school instructor, etc.)?			
MMC Employee	_ 🗌 Job Line	□ In-house Po	sting 🗌 Professional Journal Ad			
Name						
□ Newspaper Ad	☐ Friend/Relative	□ Other				

WORK PREFERENCES

Position Desired		When can you start?	Approximate salary expected		
				Per hour Per month	
Are you willing	g to accept:			If part-time, indicate days and hours available	
□ Full Time	🗆 Part Time	\Box On Call	\Box Summer only		

EDUCATION

General Equivalency Diploma (GED): 🗌 Yes 🗌 No						
Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18						
Name of College or Other School	Location (City & State) Dates Attended Major Degree					

LICENSURE, REGISTRATION, CERTIFICATION OR PERMIT

Type of Registration or Certificate	State	Number	Expiration
If you do not have required certification, registration or license,	If an examination is required, what date are you scheduled to		
have you applied for one? YES NO take the examination?			

EMPLOYMENT HISTORY Begin with your present or most recent employer. Attach additional sheet if necessary.

Name of firm		Position			Supervisor's name/Title			Phone
Address (street/number)		Work performed						
City/State/Zip								
Phone number	Fax			If you w	vork	ed under a different name, in	dicate	e that name here
Dates employed (month/yea From to		Reason	for leaving				y we contact? YES	
☐ If resume available	, attach and	proceed to pe	ersonal section	1				
Name of firm		Position		Supervisor's name/Title				Phone
Address (street/number)				Work p	erfo	rmed		
City/State/Zip								
Phone number	Fax			If you w	vork	ed under a different name, in	dicate	e that name here
Dates employed (month/yea From to		Reason	for leaving	May we contact?				
Name of firm		Position		Supervisor's name/Title Phone				
Address (street/number)				Work performed				
City/State/Zip								
Phone number Fax				If you worked under a different name, indicate that name here			e that name here	
Dates employed (month/yea	ır)	Reason	for leaving				Ma	y we contact?
From to		_						YES 🗆 NO
		D ::					DI	
Name of firm		Position		Supervisor's name/Title Phone			Phone	
Address (street/number)			Work performed					
City/State/Zip								
Phone number Fax		If you worked under a different name, indicate that name here						
Dates employed (month/year)Reason for leavingFrom to		1				y we contact? YES □ NO		
	.	/ >					5	
	Date (month From	/year) To	Date (month From	n/year) To		Date (month/year) From To	Date Fron	(month/year) n To
unemployment	10111	10	110111	10		10 10	1101	. 10
PERSONAL								
Have you applied here before	re?		If yes, indic	cate date.				

\Box YES \Box NO	MonthYear	
Have you ever worked here before?	If yes, indicate dates and the department in which you worked:	
\Box YES \Box NO	From/ to/ Department:	Position:

MILITARY SERVICE RECORD

Branch of military service	Date entered service	Date separated from active duty	Date of final discharge	Final rank

Describe any job related training received in the United States military

SPECIAL SKILLS AND TRAINING (Check which skill or training you have in the following areas)						
Business	Computers	General	Patient Care			
□ Typingwpm	□ Microsoft Word	□ Floor Care (Machines)	□ Sterile Technique			
□ Transcriptionwpm	□ Excel	□ Sterile Processing	□ Vital Signs			
□ Medical Terminology	□ Access	□ Sterilization	Pre-Op Preps			
□ Bookkeeping	Power Point	□ Sterilizer (Steam/Gas)	□ Isolation Technique			
\Box Accounting	□ Meditech	☐ Maintenance (General)	□ Catheterization			
□ 10-Key Adding	□ Other:	\Box Driving	□ Charting			
□ Calculator		□ Medical Supply Knowledge	□ Monitor			
□ Invoicing/Inventory		□ Customer Service	□ Blood Draw			
□ Reception		□ Disinfectants (cleaning)	Туре			
□ Phone Switchboard		□ Lifting Techniques	□ Other:			
\Box Insurance billing		□ Inventory/Warehouse				
□ Other:		□ Food Handling				
		□ Other:				

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

An Equal Opportunity Employer

It is Mountainview Medical Center's policy that an individual's race, color, creed, religion, sex, disability, age, national origin, or marital status is not and will not be a factor in any decisions regarding employment opportunity.

I certify that the information set forth in this employment application is true and complete to the best of my knowledge. I understand that, if employed, the falsification or willful omission of information on this application shall be considered sufficient cause for my dismissal.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration and Reform Act of 1986. I further understand that my employment is contingent upon satisfactory references.

I understand that my employment shall be contingent upon criminal-history information as required by the Child/Adult Abuse Information Act as well as having and maintaining a record of no violations of Section 1128 and 1156 of the Social Security Act.

I also understand that my name will be checked against the list of Excluded Individuals provided by the Department of Health & Human Services, Office of the Inspector General.

I consent to and authorize Mountainview Medical Center and its Personnel Department to request any information concerning my previous employment record as indicated on this application for employment. I hereby release all parties and persons connected with any request for information and all claims, liabilities and damages for whatever reason arising out of furnishing such job-related information.

Regardless of personal preferences, I must be willing to rotate to a different shift should the needs of Mountainview Medical Center require doing so. Additionally, I will undergo TB skin testing as a condition of employment.

Date

Thank you for your interest in Mountainview Medical Center. Please feel free to attach your resume or any other additional information, which may be helpful in evaluating your qualifications. Only those applicants selected for an interview will be notified.

OPTIONAL INFORMATION

You do **not** need to answer these questions to apply.

Mountainview Medical Center is committed to an affirmative action program which provides for recruitment of women, people with disabilities and members of ethnic minority groups in area work where they may be underrepresented. To more successfully implement this program, Mountainview Medical Center requests that you provide the following information, which will not be used in evaluating your application.

Ethnic Origin – Choose One

 \Box Asian

- □ Caucasian
- □ American Indian
- □ African American
- HispanicDecline to Answer

Veteran / Disabled - Choose all that apply

- □ Vietnam Veteran
- □ Disabled Veteran
- □ Other Veteran
- □ Disabled

Gender

- □ Male
- □ Female
- \Box Decline to Answer