

DAHL MEMORIAL HEALTHCARE ASSOC., INC.

PO Box 46, Ekalaka, MT 59324 * Phone 406-775-8739

APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

For Office Use Only:

Date Received: _____ Date Interviewed: _____

Position(s) Applied For _____ Date _____

How Did You Learn About Us?

- Advertisement Relative Inquiry
 Employment Agency Friend Other _____

PERSONAL INFORMATION

Name _____ Phone _____

Address _____

City _____ State/Zip _____

Message Phone _____ E-mail _____

GENERAL INFORMATION

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

Available for: Weekends Holidays Rotating Shifts On-Call

On what date would you be available to work? _____

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

Have you ever filed an application with us before? Yes No

If yes, please give dates and position applied for: _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic offense? 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.

**DAHL MEMORIAL HEALTHCARE ASSOC., INC. 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)	CIRCLE LAST GRADE/YEAR COMPLETED	MAJOR & DEGREE
High School			10 11 12	
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, 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.

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

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.

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 Dahl Memorial Healthcare Assoc., Inc. 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 Dahl Memorial Healthcare Assoc., Inc. service, whenever it is discovered.

I expressly authorize Dahl Memorial Healthcare Assoc., Inc. 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 Dahl Memorial Healthcare Assoc., Inc. 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 Dahl Memorial Healthcare Assoc., Inc. 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 certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date: ____/____/____

Signature _____

Dahl Memorial Healthcare Assoc., Inc. is an Equal Opportunity Employer.