



**Northeast Montana
Health Services, Inc.**

315 Knapp Street
Wolf Point, MT 59201
406-653-6582 or fax 406-653-6592
jkauffold@nemhs.net

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of State or Federal law.

INSTRUCTIONS: Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

INCOMPLETE or UNSIGNED applications will not be considered.

Name: _____ <i>Last First MI</i>	This section must be completed for each position you apply for.
Social Security Number: _____	Job Title: _____
Address: _____ <i>Mailing Address</i>	Job Location: _____
_____	Date you are available to work: _____
<i>City State Zip code</i>	Email Address: _____
Phone Number: _____ <i>Work Home</i>	

If required for this position, do you have?

Valid driver's license?	Yes _____	No _____
Commercial driver's license?	Yes _____	No _____
Are you willing to travel overnight?	Yes _____	No _____
Are you a Veteran?	Yes _____	No _____

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, and ancestry or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take future physical examinations as may be required by this institution at such times and places as the institution shall designate. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), to show satisfactory evidence of identity and eligibility for employment.

Signed: _____ Date: _____

EDUCATION

HIGH SCHOOL:

Received:

NAME & ADDRESS OF HIGH SCHOOL
AWARDING DIPLOMA OR EQUIVALENCY
CERTIFICATION:

_____ Diploma or equivalent Certification
_____ None – If none, enter the highest
Grade completed _____

College or Training Courses, which help you, qualify

Name and Location	Date attended	Did you Complete?	Degree/Title/Description of Course	Total Hours

List Professional Licenses, Registration or Certificates

Name and complete address of Licensing Agency	Type of License	Endorsement/Restriction (if applicable)	Issue date of License

SPECIAL SKILLS – Check the Skills you posses. Specify speed/errors where requested

_____ Typing _____ / _____ _____ Data Entry _____ / _____ _____ Medical Terminology
_____ Ten-Key by Touch _____ Other
_____ Computer Languages (specify) _____

Please list three (3) personal references (**no family members**):

Name Occupation Address Phone Numbers

EXPERIENCE

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work, which has provided experience that would help you qualify. List each promotion as a separate position. If the space provided below is not an adequate amount of space, you may respond to this section on a separate piece of paper if all questions are answered and the same format is followed.

This information must be completed even if a resume' is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Name & Complete Address of Employer:

Type of Business: _____ Beginning Date __/__/__ Ending Date __/__/__
Immediate Supervisor: _____ Full Time? _____ Part Time? _____
Highest Salary \$ _____ Phone Number _____
Volunteer: Average hours per week: _____

Describe your duties (job title, knowledge, skills, abilities required, employee supervised, accomplishments): _____

Reason for leaving: _____

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This space may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

Have you ever been convicted of a felony? _____ if so, please explain _____

Have you ever been convicted of a criminal offense related to healthcare or are you listed as debarred, excluded or otherwise ineligible for participation in Federal or State Health Care programs? _____ Yes _____ No

I understand that I may be subject to a criminal investigation. Should the investigation disclose any misrepresentation on the application form or information indicating that I have been convicted of abuse, neglect, mistreatment of individuals and/or theft of property, I will not be employed, or, if already employed, I will be terminated from employment.

I hereby release all individuals, companies, institutions, and other sources supplying such information from any or all liability for damages whatsoever incurred by reason of furnishing such information.

Date: _____

Signature

ALL applications MUST be submitted directly to the Human Resources Department.

How did you hear about this Job opening?

- News Paper - if so which one? _____ NEMHS Web Site
- Posting at one of our facilities Facebook Job Service From NEMHS employee
- Radio - Which station? _____ Other _____

Revised 10/31/2023