



HELENA  
**SURGI**CENTER

2440 Winne Ave. • Suite 100

Helena, Montana 59601

Ph.: (406) 457-4200 • Fax: (406) 457-4220

# *Employment Application*

NAME (LAST, FIRST, MI.)

POSITION APPLIED FOR	DATE
POSITION APPLIED FOR	DATE

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the Helena SurgiCenter 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 for which they have applied.

# PERSONAL INFORMATION

NAME (LAST, FIRST, M.I.)	SOCIAL SECURITY NO.
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HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER NAME? IF YES, PLEASE LIST AND WHEN

YES     NO

PRESENT ADDRESS (STREET NO.)	CITY, STATE	ZIP CODE	HOW LONG?
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IF AT PRESENT ADDRESS LESS THAN SIX MONTHS, GIVE PREVIOUS ADDRESS	HOW LONG?
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TELEPHONE NUMBER	RELATIVES EMPLOYED IN THIS FACILITY?
	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, NAME:

ARE YOU A U. S. CITIZEN?

HOW DID YOU LEARN ABOUT THIS JOB OPENING?

DO YOU PREFER:	DAYS AVAILABLE	HOURS AVAILABLE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PRN		_____ First Choice    _____ Second Choice

WHEN WOULD YOU BE AVAILABLE FOR WORK?	WERE YOU PREVIOUSLY EMPLOYED BY US?	IF YES, WHEN?
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ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU YOUNGER THAN 18 YEARS OLD?

YES     NO

HAVE YOU BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN. (A felony conviction does not automatically disqualify you from employment):  YES     NO

HAVE YOU EVER HAD ANY GOVERNMENT (I.E., MEDICARE, MEDICAID) CONVICTIONS AND/OR EXCLUSIONS?  YES     NO    IF YES, EXPLAIN.

# EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS	FROM	TO	DEGREE	COURSE OR MAJOR
HIGH SCHOOL					
COLLEGE					
POST GRADUATE					
BUSINESS OR TRADE					
OTHER					

OFFICE MACHINES YOU OPERATE PROFICIENTLY:

LIST ANY SPECIAL CERTIFICATES AND/OR TECHNICAL PROFESSIONAL LICENSES:	TYPING SPEED
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PLEASE RATE YOURSELF ON YOUR ABILITY TO USE A COMPUTER:

NONE     BEGINNER     INTERMEDIATE     PROFICIENT

PLEASE USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS.

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DID YOU SERVE IN THE U. S. ARMED FORCES?  YES     NO    WHAT BRANCH?

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH MILITARY SERVICE: (INCLUDE DATES)

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## EMPLOYMENT HISTORY

1. You must complete this section even if you are providing a resume.
2. Begin with most recent employer.
3. List ALL present and past employment or military service that the space will allow.

FROM		TO		EMPLOYER NAME & ADDRESS	PAY RATE	POSITION	DUTIES & REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.				
				SUPERVISOR'S NAME/PHONE NUMBER			
				SUPERVISOR'S NAME/PHONE NUMBER			
				SUPERVISOR'S NAME/PHONE NUMBER			
				SUPERVISOR'S NAME/PHONE NUMBER			
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				SUPERVISOR'S NAME/PHONE NUMBER			

## APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify the facts set forth on this application are true and complete to the best of my knowledge. I understand that:

- If employed by the Helena SurgiCenter, false statements on this application may be considered sufficient cause for discharge.
- Before employment I will be required to submit proof of citizenship.
- 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 and background check considered satisfactory by the Helena SurgiCenter.
- My employment will be contingent upon satisfactory completion of a 1 year probationary period.
- I may be scheduled for any shift or work unit necessary in order to properly staff the SurgiCenter.

Signature: \_\_\_\_\_

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

