NAME (LAST, FIRST, MI)				
POSITION APPLIED FOR	DATE	1	POSITION APPLIED FOR	DATE
POSITION APPLIED FOR	DATE		POSITION APPLIED FOR	DATE



EMPLOYMENT APPLICATION

P (406) 457.4200 / F (406) 457.4220 2440 Winne Ave, Ste 100 / Helena, Montana 59601

www.helenasurgicenter.com

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, MI):					
Phone #	Email Address				
Have You Ever Been Employed Ur	der Another Name? 🗆 YES 🗆 NO If Yes	, Please List and When	***************************************		
Present Addressstreet	# C11	Y/STATE/ZIP			How Long?
	Mantha Giva Praviana Addresa	STREET #	CITY	/STATE/ZIP	How Long?
Are You a U.S. Citizen? 🗆 YES 🗆	□ NO Are You Younger Than 18 Years Old?	□ YES □ NO			
Relatives Employed in This Facility	y? □ YES □ NO If Yes, Name				
	o Opening?				
Oo You Prefer 🗆 FULL 🗆 PART	□ PRN Days Available	Hours Av	ailable_	1ST CHOICE	2ND CHOICE
	Work? Were You Prev				
are You Able to Perform the Esse	ntial Functions of the Job for Which You are	Applying? YES	NO		
	A Felony? (A Felony Conviction Does Not	, 0		rom Employm	ent): □YES □NO
	A relong. (A relong Conviction Does Not	, .	,		
·	ent (i.e. Medicare, Medicaid) Convictions ar		ES 🗆 N	0	
,	the the medical cymical and Commences and				
,p					
	EDUCA	TION			
TYPE OF SCHOOL	NAME & ADDRESS	FROM	то	DEGREE	COURSE OR MAJOR
High School					
College					
Post Graduate					
Business or Trade					
Other	SKILIS & OHAI	I F I C A T I C	NS		
Otner	SKILLS & QUAL	.IFICATIO) N S		
	_				
Office Machines You Operate Pro	_				
Office Machines You Operate Pro .ist Any Special Certificates and/o	ficiently or Technical Professional Licenses				
Office Machines You Operate Pro .ist Any Special Certificates and/o	ficiently				ing Speed
Office Machines You Operate Pro List Any Special Certificates and/o Please Rate Yourself on Your Ability	or Technical Professional Licenses r to Use a Computer	R INTERMEDIATE	□ PROF	ісіент Тур	ing Speed
Office Machines You Operate Pro List Any Special Certificates and/o Please Rate Yourself on Your Ability	ficiently or Technical Professional Licenses	R INTERMEDIATE	□ PROF	ісіент Тур	ing Speed
Office Machines You Operate Pro List Any Special Certificates and/o Please Rate Yourself on Your Ability	or Technical Professional Licenses r to Use a Computer	R INTERMEDIATE	□ PROF	ісіент Тур	ing Speed
Office Machines You Operate Pro ist Any Special Certificates and/o	or Technical Professional Licenses or to Use a Computer	R INTERMEDIATE	□ PROF	fications	ing Speed

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.

Employer Name	Address		***************************************
Supervisor's Name	Phone #		
From To	Pay Rate	Position	
Duties and Reasons for Leaving			
Employer Name	Address		
Supervisor's Name	Phone #	······································	
FromTo	Pay Rate	Position	
Duties and Reasons for Leaving			
Employer Name	Address		
Supervisor's Name	Phone #		
FromTo			
Duties and Reasons for Leaving			
ъ			
Employer Name	Address		
Supervisor's Name	Phone #		
FromTo	Pay Rate	Position	
Duties and Reasons for Leaving	R		
Employer Name	Address		
Supervisor's Name	Phone #		
FromTo	D.,, D.,,	Position	
Duties and Reasons for Leaving	R -		

	REFERENCES		
NAME	EMAIL ADDRESS	PHONE #	RELATIONSHIP TO APPLICANT

APPLICANT'S CERTIFICATION & 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 provide 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
JIGINAL GIVE	

	FOR HUMAN RESOURCES ONLY	
DATE	CHECKLIST	INITIALS
	Application Received by Human Resources	
	Application Reviewed by Director	
	Applicant Scheduled for Interview	