

NAME: _____

(HR USE)

SUBMITTED TO:					
DATE:					

Human Resources

10 Kruger Road ♦ PO Box 768 ♦ Plains, MT 59859
Employment Specialist (406) 826-4982 ♦ Fax (406) 826-4992

APPLICATION FOR EMPLOYMENT

Clark Fork Valley Hospital is an equal opportunity employer and does not discriminate against employees or applicants in an unlawful manner.

We thank you for your interest in employment with Clark Fork Valley Hospital. We are unable to process any incomplete application. Please be sure to type or print clearly.

PERSONAL INFORMATION

	Last	First	Middle I.	Social Security Number
Name:	_____			
	Street	City/State		Zip Code
Mailing Address:	_____			
	Street	City/State		Zip Code
Physical Address: (If different than above)	_____			
Phone:	_____		Other Phone:	_____
Emergency Contact:	_____			Relationship: _____
Address:	_____			Phone: _____
Have you worked at Clark Fork Valley Hospital previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, indicate year and month: _____				
Have you applied for employment with CFVH previously? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes indicate year/month _____ / _____				
Do you have any relatives or personal acquaintances currently employed by CFVH? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please provide name/relationship/department: _____				

EMPLOYMENT DATA

Department/Position desired: _____

Have you performed this work before? YES NO

Full-time Part-time PRN (As needed) Date Available: _____ / _____ / _____

Indicate ALL shifts you are able to work: Day Evening Night Rotating Weekends Holidays

Days Available to work:(Please circle) Any Monday Tuesday Wednesday Thursday Friday Saturday Sunday

EDUCATION

Indicate High School, College or Schools after high school (Include Trade Schools and any education in military service)

Name/Location of School	Academic Major/Skill/Trade	Did you Graduate?	Dates Attended Year Degree Obtained

LICENSES, CERTIFICATIONS, CPR

Type of Registration/Certificate	State	Lic/Cert #	Issue Date	Expiration Date

If you do not have a required registration or license, have you applied for one? YES NO

If an examination is required, what date are you scheduled to take the examination? _____ / _____ / _____

Have you ever had your professional license reviewed, suspended, or revoked? YES NO

If yes, please explain: _____

EMPLOYMENT RECORD

Please explain on a separate sheet of paper any gaps in your work history.

Name/Address of employer	Dates Employed (mo/yr) From _____ To _____ Final Salary \$ _____ per _____	Name of Supervisor: Phone #: May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Your last job title and description of duties:		Reason for Leaving:

Name/Address of employer	Dates Employed (mo/yr) From _____ To _____ Final Salary \$ _____ per _____	Name of Supervisor: Phone #: May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Your last job title and description of duties:		Reason for Leaving:

Name/Address of employer	Dates Employed (mo/yr) From _____ To _____ Final Salary \$ _____ per _____	Name of Supervisor: Phone #: May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Your last job title and description duties:		Reason for Leaving:

Have you ever been terminated from a position? YES NO If yes, please explain: _____

Have you ever been convicted for any criminal offense or are there any felony charges pending against you? YES NO

If yes, please attach full details.

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? YES NO If yes, please specify: _____

SKILLS

List training and/or experience that may qualify you for the position for which you have applied.

(Mark "T" if you have **TRAINING** in the skill. Mark "E" if you have **EXPERIENCE** in the skill. Mark "B" if you have **BOTH TRAINING** and **EXPERIENCE**.)

BUSINESS

- Typing _____ W.P.M.
- Shorthand _____ W.P.M.
- Transcription
- Bookkeeping
- Accounting
- Calculator
- Data Entry
- Invoicing/Inventory
- PBX
- Insurance Billing
- Medicare/Medicaid
- Industrial Accident
- Cashier
- Medical Terminology
- Word Processing
- Reception
- Insurance Claim Processing
- Coding - CPT/ICD-9
- Computers (List software used below)

Other: _____

GENERAL

- Floor Care (Manual)
- Floor Care (Machines)
- Linen Packing
- Autoclave
- Sterilizer (Steam/Gas)
- Dishwasher (Manual)
- Dishwasher (Industrial)
- Sewing (Manual)
- Sewing (Machine)
- Maintenance (General)
- Maintenance (Craft)
- Small Power Tools
- Operate Small Tractor
- Current MT Drivers License
- Oxygen Equipment Setup
- Lifeguard
- Swimming Instructor
- Weight Instructor

Other: _____

PATIENT CARE

NURSING:

- Sterile Technique
- Vital Signs
- Pre-Op Preps
- Isolation Technique
- Catheterization
- Coronary Care
- Charting
- Monitor _____ Type
- Intensive Care
- Orthopedic
- Pediatric
- Geriatric
- Medical
- Surgical
- Obstetrics
- Oncology
- Family Home Care
- Respiratory Therapy
- Occupational Health
- Medical Clinic

Other: _____

REFERENCES

List name, address and telephone number of three work related references (Supervisor preferred)

Relationship: _____

Relationship: _____

Relationship: _____

MILITARY SERVICE RECORD

Branch of Military Service: _____

Date entered _____ / _____ / _____ Date separated from Active Duty _____ / _____ / _____

Special training received: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the racial/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark one or more)
White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

Gender: Female _____ Male _____

PLEASE READ THE FOLLOWING BEFORE SIGNING

I certify that all information furnished on this Application for Employment is true to the best of my knowledge. I understand that, if a contingent offer is made, falsified statements on this application or failure to satisfactorily pass a required job function screening, which includes a physical examination, drug screening, and background screening, shall be considered failure to meet necessary conditions of employment and any offer of employment will be non-binding. **Initial** _____

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 Reform and Control Act of 1986. Also, pursuant to the Child/Adult Abuse Information Act, and other applicable laws, I agree that my background may be checked by Clark Fork Valley Hospital and Montana Law Enforcement Authorities for any criminal history information. **Initial** _____

I authorize Clark Fork Valley Hospital to contact past employers and schools to obtain reference information. I will not hold Clark Fork Valley Hospital or any of its employees, medical staff or governing board members, previous employers, or schools responsible for any liability arising out of these inquiries. Depending upon review of any and all history of criminal activity, CFVH has the right to determine within or not such history is cause for offer being pre-empted. **Initial** _____

I agree to read and abide by the policies and procedures of Clark Fork Valley Hospital. **Initial** _____

APPLICANT SIGNATURE _____ DATE _____

Thank you again for your interest in employment with Clark Fork Valley Hospital. You may attach any additional information (i.e. Résumé, license, or certifications) which may be valuable during our hiring process.

WE ARE UNABLE TO PROCESS INCOMPLETE APPLICATIONS

**You may find all our current Job Postings on the internet at:
<http://www.hometownhospital.com/cfvh/employment.html>**

To speak to an Employment Specialist please call: (406) 826-4982

In accordance with Federal law and the U.S. Department of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW., Washington, DC 20250-9410 or call 800.795.3272 (Voice and TDD). USDA is an equal opportunity provider and employer.