ROCKY BOY HEALTH CENTER

6850 UPPER BOX ELDER ROAD
BOX ELDER, MONTANA 59521

APPLICATION FOR EMPLOYMENT

PLEASE CAREFULLY READ AND ANSWER ALL QUESTIONS. YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT IF YOU FAIL TO COMPLETELY ANSWER ALL THE QUESTIONS ON THIS APPLICATION. ALL DOCUMENTS REQUIRED IN THE APPLICATION PACKAGE AS LISTED ON THE EMPLOYMENT ANNOUNCEMENT ARE THE RESPONSIBILITY OF THE APPLICANT TO ENSURE INCLUSION. ONLY PROPERLY COMPLETED APPLICATION PACKAGES WITH MINIMUM QUALIFICATIONS WILL BE CONSIDERED.

APPLICANT INFORMATION

POSITION APPLYING FOR:		DATE
LEGAL NAME (FIRST, MIDDLE, LAST)	OTHER NAMES USED/MAIDEN NAME:	
STREET ADDRESS (NO PO BOX OR RR):	CITY, STATE, ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM STREET)	CITY, STATE, ZIP CODE	
HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? IF LESS THAN 5 YEARS, PLEASE LIST FORMER ADDRESSES AND DATES:		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH
HOME PHONE	MESSAGE PHONE	E-MAIL ADDRESS
HOW WOULD YOU PREFER WE CONTACT YOU? ☐ PHONE ☐ E-MAIL ☐ U.S. MAIL	ARE YOU A VETERAN? IF YES, PROVIDE COPY OF DD-214. ☐ YES ☐ NO	
ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE? ☐ YES ☐ NO	IF YES, WHICH TRIBE?	ENROLLMENT NUMBER:
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? ☐ YES ☐ NO	IF YES, PLEASE LIST MONTH, YEAR, AND POSITION:	
ARE YOU AVAILABLE TO WORK FULL-TIME? ☐ YES ☐ NO	IF NO, WHAT DAYS AND HOURS CAN YOU WORK?	
ARE YOU OF LEGAL AGE TO WORK? ☐ YES ☐ NO	ARE YOU OF LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? ☐ YES ☐ NO	
DO YOU POSSESS A VALID MONTANA DRIVER'S LICENSE? ☐ YES ☐ NO	IF NO, PLEASE EXPLAIN:	
HAVE YOU BEEN CONVICTED OF A FELONY? (CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.) ☐ YES ☐ NO	IF YES, PLEASE EXPLAIN:	
DO YOU HAVE ANY PHYSICAL CONDITIONS MIGHT LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? ☐ YES ☐ NO	IF YES, DESCRIBE THE CONDITION AND ANY ACCOMODATIONS YOU MAY REQUIRE:	
LIST ANY SPECIAL SKILLS OR EXPERIENCE THAT YOU FEEL WOULD HELP YOU IN THE POSITION THAT YOU ARE APPLYING FOR (LEADERSHIP, ORGANIZATIONS/TEAMS, ETC)		

THE CIVIL RIGHTS ACT OF 1954 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN. FEDERAL LAW ALSO PROHIBITS DISCRIMINATION BASED ON AGE AND CITIZENSHIP. THE LAW IN MOST STATES ALSO PROHIBITS SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES SUCH AS DISCRIMINATION BASED UPON ANCESTRY, MARITAL STATUS OR PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

EDUCATION OFFICIAL TRANSCRIPTS MUST BE SUBMITTED WITH APPLICATION.

SCHOOL NAME	DEGREE	CITY/STATE
SCHOOL NAME	DEGREE	CITY/STATE
SCHOOL NAME	DEGREE	CITY/STATE

PROFESSIONAL LICENSE INFORMATION COPY OF PROFESSIONAL LICENSE MUST BE SUBMITTED WITH APPLICATION.

LICENSE TYPE	LICENSING AUTHORITY/STATE	DATES OF LICENSE
LICENSE TYPE	LICENSING AUTHORITY/STATE	DATES OF LICENSE

WORK HISTORY PLEASE USE ADDITIONAL SHEET FOR ADDITIONAL EMPLOYERS

JOB TITLE		START DATE (MM-DD-YYYY)	END DATE (MM-DD-YYYY)
COMPANY NAME	SUPERVISOR'S NAME		PHONE NUMBER
COMPANY ADDRESS	CITY, STATE, ZIP CODE		
DUTIES			
REASON FOR LEAVING		STARTING SALARY	ENDING SALARY
MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	NUMBER OF EMPLOYEES SUPERVISED		

JOB TITLE		START DATE (MM-DD-YYYY)	END DATE (MM-DD-YYYY)
COMPANY NAME	SUPERVISOR'S NAME		PHONE NUMBER
COMPANY ADDRESS	CITY, STATE, ZIP CODE		
DUTIES			
REASON FOR LEAVING		STARTING SALARY	ENDING SALARY
MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	NUMBER OF EMPLOYEES SUPERVISED		

JOB TITLE		START DATE (MM-DD-YYYY)	END DATE (MM-DD-YYYY)
COMPANY NAME	SUPERVISOR'S NAME		PHONE NUMBER

COMPANY ADDRESS	CITY, STATE, ZIP CODE		
DUTIES			
REASON FOR LEAVING		STARTING SALARY	ENDING SALARY
MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	NUMBER OF EMPLOYEES SUPERVISED		

REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES NOT RELATED TO YOU, WITH FULL NAME, ADDRESS, PHONE NUMBER, AND RELATIONSHIP. IF YOU DON'T HAVE THREE PROFESSIONAL REFERENCES, THEN LIST PERSONAL, UNRELATED REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP

APPLICATION CERTIFICATION

I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS, OMISSIONS OR MISREPRESENTATIONS MAY RESULT IN MY DISMISSAL. I AUTHORIZE THE EMPLOYER TO MAKE AN INVESTIGATION OF ANY OF THE FACTS SET FORTH IN THIS APPLICATION AND RELEASE THE EMPLOYER FROM ANY LIABILITY. THE EMPLOYER MAY CONTACT ANY LISTED REFERENCES ON THIS APPLICATION.

APPLICANT _____ DATE _____

FOR HEALTH CENTER USE ONLY

APPLICATION RECEIVED BY _____

DATE RECEIVED _____

DATE OF APPLICATION _____

MINIMUM QUALIFICATIONS MET? ☐ YES ☐ NO

SELECTION ☐ YES ☐ NO ☐ ALTERNATE

INTERVIEWED BY _____

_____

_____

_____

SELECTION DATE _____

IF NO, DATE OF REJECTION LETTER _____

IF YES, DATE OF OFFER LETTER _____

POSITION SELECTED FOR _____

LOCATION OF WORK _____

HOURS OF WORK _____

SALARY _____

SUPERVISOR _____

ONBOARDING DATE _____

ROCKY BOY HEALTH CENTER
AUTHORIZATION FOR BACKGROUND CHECK

By signing below, you acknowledge that: (a) you received the following separate documents, (b) they are clear, conspicuous, and separate from any other documents, (c) you read and understood them, and (d) we may rely on them for one or more background investigations and resulting reports:

- Disclosure About Background Check
- Additional Notice About Investigative Consumer Reports
- A Summary of Your Rights Under the Fair Credit Reporting Act

By signing below, you (a) authorize and permit the Rocky Boy Health Center to obtain “consumer reports” and “investigative consumer reports” about ; (b) authorize any consumer reporting agency from whom we request those reports to obtain information about your from any public or private information source; (c) authorize anyone to provide information about you to that consumer reporting agency; (d) authorize and instruct that consumer reporting agency to provide those reports to us; and (e) authorize us to share those reports with others for legitimate business purposes related to your application or relationship with us.

By signing below, you acknowledge that a fax, image, or copy of this authorization is as valid as the original.

By signing below, you make these acknowledgments and authorizations to be valid for the duration or your application or relationship with us.

PRINTED NAME	SIGNATURE	DATE