



**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. IF APPLYING FOR MULTIPLE POSITIONS PLEASE USE ONE APPLICATION AND LIST ALL POSITIONS APPLYING FOR. **ALL SECTIONS ARE REQUIRED.**

**APPLICANT INFORMATION**

POSITION(S) APPLYING FOR:		DATE OF APPLICATION:	
LEGAL NAME (FIRST, MIDDLE, LAST)		OTHER NAMES USED:	
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:			
PREFERRED PRONOUNS		PREFERRED NAME:	PLACE OF BIRTH (CITY/STATE)
HOME PHONE	MESSAGE PHONE	E-MAIL ADDRESS	
ARE YOU A VETERAN? IF YES, PROVIDE COPY OF DD-214. <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH TRIBE?		ENROLLMENT NUMBER:
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST MONTH, YEAR, AND POSITION:		
ARE YOU AVAILABLE TO WORK FULL-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT DAYS AND HOURS CAN YOU WORK?		
ARE YOU OF LEGAL AGE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU OF LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU POSSESS A VALID MONTANA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LICENSE NUMBER: _____ LICENSE ISSUE DATE: _____ LICENSE EXPIRATION DATE: _____		IF NO, PLEASE EXPLAIN:	
HAVE YOU BEEN CONVICTED OF A FELONY? (CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN:	
DO YOU HAVE ANY PHYSICAL CONDITIONS MIGHT LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, DESCRIBE THE CONDITION AND ANY ACCOMODATIONS YOU MAY REQUIRE:	

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	HAVE YOU EVER BEEN DISCIPLINED BY YOUR LICENSING AUTHORITY OR STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH DOCUMENTATION.
LICENSE TYPE	LICENSING AUTHORITY/STATE	DATES OF LICENSE	HAVE YOU EVER BEEN DISCIPLINED BY YOUR LICENSING AUTHORITY OR STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH DOCUMENTATION.

**WORK HISTORY** PLEASE USE ADDITIONAL SHEET FOR ADDITIONAL EMPLOYERS. **LIST HISTORY EVEN IF ON RESUME.**

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
INTERVIEWED BY _____	SELECTION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ALTERNATE
	SELECTION DATE _____

**ROCKY BOY HEALTH CENTER  
AUTHORIZATION FOR BACKGROUND CHECK**

**NOTE: THIS IS NOT A CREDIT 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

