

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE



LivingstonHealthCare

OFFICE USE ONLY:

Date received:
Date logged:
Reviewed by:

504 South 13th Street
Livingston, MT 59047-3798

HR Dept. Phone: 406-823-6410
HR Dept. Fax: 406-823-6498

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

DATE _____

Name _____

Last First Middle Maiden

Present address _____

Number Street City State Zip

Telephone _____ Cell _____

Are you under age 18 YES NO; If "YES," can you provide proof of your eligibility to work? YES NO

Are you currently authorized to work in the United States? YES NO. Proof of eligibility will be required if hired.

Position applied for: _____

Wage desired: _____
(Be specific)

Days/hours available to work:

Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____
Thur _____ No Pref. _____

Shift desired: 1st 2nd 3rd 12-hr. Can you work weekends? YES NO

Can you work overtime? YES NO

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME PRN STATUS

When are you available to start work? _____

Have you ever filed an application with us before? YES NO If yes, give date: _____

Have you ever been employed with us before? YES NO If yes, give dates: _____

Are you related to any employee of LHC? YES NO If yes, list name and relation: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
(Proof of citizenship or immigration status will be required upon employment.)

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

LIVINGSTON HEALTHCARE IS AN EQUAL OPPORTUNITY EMPLOYER

PLEASE LET US KNOW IF YOU NEED ACCOMMODATION IN ORDER TO COMPLETE THIS APPLICATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NO. OF YRS. COMPLETED / DID YOU GRADUATE?	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

CRIMINAL RECORD INFORMATION: Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? YES NO (A conviction record will not necessarily disqualify you from employment.)

If yes, give conviction date, crime convicted of, law enforcement agency, court jurisdiction, disposition, and type(s) of rehabilitation, if applicable:

Indicate any foreign languages you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship skills, or extra-curricular activities:

Describe any job-related training received in the United States military:

List job-related professional, trade, or business activities / offices held. (Please do not list any membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Licenses & Certifications

Type of License or Certification	License / Cert. #	From (Month – Year)	To (Month – Year)

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APPLICATION FOR EMPLOYMENT

OFFICE
POSITIONS ONLY

Typing	Yes No	WPM	10-key	Yes No	Personal Computer	Yes No	PC Mac
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Other Skills:

FOR ALL POSITIONS

Please list two references other than relatives.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____
E-mail address _____	E-mail address _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE Please list your work experience for at least your past 4 employers. All employers for at least the **past seven years must be listed**, beginning with your most recent job held. If you were self-employed, give business name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____ Fax number _____	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Your Last Job Title			

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May we contact your present employer?	YES	NO
Did you complete this application yourself?	YES	NO
Please indicate if you are able to perform the essential functions of the job for which you have applied.	YES	NO
If you are unsure of the duties relating to this job, you may request a job description to be provided for your review. If you answered "No," please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:		

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time to be determined by Livingston HealthCare (LHC), and that upon inquiry, the application retention practices of LHC will be explained to me.

I hereby understand and acknowledge that LHC abides by all applicable employment and wage laws of the State of Montana and of the United States of America.

In the event of employment, I understand that false or misleading information given by me in my application or interview(s) may result in my discharge from employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand that any offer of employment made to me by Livingston HealthCare is conditional on satisfactory completion/fulfillment of all pre-employment requirements (e.g., drug screen, functional agility testing, PPD "TB" testing, criminal background checks, etc.).

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No Date of Interview _____

Remarks _____

Conditional offer of employment made? Yes No

Earliest date employment may begin _____

Job Title _____ Dept. _____ Hrly rate / Salary _____

By: _____
Name and Title Date

NOTES:



REFERENCE LETTER

INSTRUCTIONS TO APPLICANT:

1. After reading the statement entitled "TO EMPLOYER ADDRESSED," complete the section in the **BOLD BOX ONLY!!!** Do NOT complete the Company Name and Address section.
2. NOTE: Your social security number is not required unless a conditional offer of employment is made to you. If a conditional offer of employment is made, you will be contacted for this information.
3. A copy of this form will be sent to your previous employers and may be sent to your current employers.

Company Name: _____ ATTN: _____

Address: _____ City, State, Zip Code _____

TO EMPLOYER ADDRESSED:

I have applied for employment with Livingston HealthCare and request that you furnish the information below which will be used in determining my suitability for employment. I hereby release you from any and all liability and damage of any nature regarding the release of the requested information.

_____ Applicant's Signature	_____ Other Name Used (if applicable)	*SS# _____ *not required until conditional job offer made
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EMPLOYMENT REFERENCE VERIFICATION

Dates of employment (month and year): From: _____ To: _____

Position held: _____ Last Salary: _____

Reason for leaving: _____

Please rate applicant on the following:

	Excellent	Good	Average	Below Average
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Ambition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is applicant eligible for rehire? Yes No (If no, please explain below)

Remarks: _____

Signature: _____ Title: _____ Date: _____