

PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE



# LivingstonHealthCare

**OFFICE USE ONLY:**

Date received:  
Date logged:  
Reviewed by:

504 South 13<sup>th</sup> 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: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 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.

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
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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:

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## 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

### 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: \_\_\_\_\_