



EMPLOYMENT APPLICATION

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

PERSONAL DATA

Name _____
 Present Address _____
 Street City State Zip Code

Telephone Numbers: Home _____ Cell _____
 Previous Address _____
 Street City State Zip Code

Position applied for _____
 Date available for employment _____ Salary Desired _____

Are you willing to work: Yes No **Indicate applicable work skills:**
 Overtime (over 40 hrs./wk.) Typing _____ WPM
 On call
 Weekends (Sat./Sun.) Transcription Yes No
 Holidays Other job related skills _____
 Travel

Are you applying for _____ full time _____ part time _____ as needed/fill-in
 How were you referred to this organization? _____

Do you have any relatives working for this organization? Yes No
 If yes, Name _____ Relationship _____

Have you ever been employed by this organization? Yes No
 If yes, position held _____ Dates Employed: From _____ To _____

Are you willing to provide necessary documentation required to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? _____ Yes _____ No

Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.) _____ Yes _____ No
 If yes, please define _____

Military service? _____ Yes _____ No If yes, From _____ to _____
 Branch of service _____ Highest rank obtained _____

EDUCATION

School Name and Address	Course of Study	Circle last year completed				Did you graduate?		Diploma or Degree
		1	2	3	4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High School						<input type="checkbox"/>	<input type="checkbox"/>	
College						<input type="checkbox"/>	<input type="checkbox"/>	
College						<input type="checkbox"/>	<input type="checkbox"/>	
Technical or Business						<input type="checkbox"/>	<input type="checkbox"/>	

Professional licenses/certifications

Type	State	Expiration Date	Registration Number

PREVIOUS EXPERIENCE

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.	FROM	TO	Immediate Supervisor	Last Salary Hourly, Monthly, or Yearly
Job Title _____				
Employer name, address & telephone _____				
Duties _____				
Reason for leaving _____				
Job Title _____				
Employer name, address & telephone _____				
Duties _____				
Reason for leaving _____				
Job Title _____				
Employer name, address & telephone _____				
Reason for leaving _____				

REFERENCES

May we run an employment check from the employers listed above? Yes No

Has notice been given to your present employer? Yes No

Is there any additional information relative to a change in name when checking your work history? Yes No

If yes, please explain _____

Please list references (not relatives or employers) to contact who are acquainted with your work history.

	Name	Title/Occupation	Company/Address	Telephone Number
1.				
2.				
3.				

REMARKS

Make any comments you feel are pertinent to your application: _____

I understand that Missoula Bone & Joint and Surgery Center will be obtaining an employment screening that will include an investigative consumer report that may contain such information as education records, references, employment records, public record information, criminal arrest records, court records, driving records, and Workers' Compensation history. I also understand that I may be denied employment based on the results of this report.

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence, character or medical history, as it relates to the position for which I applied or in which I may be employed, unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated.

Date _____ Signature _____