



# Clark Fork Valley Hospital & Family Medicine Network

## Human Resources

10 Kruger Road ♦ PO Box 768 ♦ Plains, MT 59859

Employment Specialist (406) 826-4982 ♦ Fax (406) 826-4992

NAME: \_\_\_\_\_

(HR USE)

SUBMITTED TO:	DATE:						

### APPLICATION FOR EMPLOYMENT

*Clark Fork Valley Hospital is an equal opportunity employer and does not discriminate against employees or applicants in an unlawful manner.*

**We thank you for your interest in employment with Clark Fork Valley Hospital. We are unable to process any incomplete application. Please be sure to type or print clearly.**

### PERSONAL INFORMATION

\_\_\_\_\_  
Last First Middle I.

Name: \_\_\_\_\_  
Street City/State Zip Code

Mailing Address: \_\_\_\_\_  
Street City/State Zip Code

Physical Address: \_\_\_\_\_  
(If different than above)

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you at least 18 years old: YES NO

Have you worked at Clark Fork Valley Hospital previously? YES NO

If yes, indicate year and month: \_\_\_\_\_

Have you applied for employment with CFVH previously? ☐ YES ☐ NO If yes, indicate year/month \_\_\_\_\_ / \_\_\_\_\_

Do you have any relatives or personal acquaintances currently employed by CFVH? ☐ YES ☐ NO

If yes, please provide name/relationship/department: \_\_\_\_\_

### EMPLOYMENT DATA

Department/Position desired: \_\_\_\_\_

Have you performed this work before? ☐ YES ☐ NO

☐ Full-time ☐ Part-time ☐ PRN (As needed) Date Available: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Indicate ALL shifts you are able to work: Days Evenings Night Rotating Weekends Holidays

Days available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

## EDUCATION

Indicate High School, College or Schools after high school (Include Trade Schools and any education in military service)

Name/Location of School	Academic Major/Skill/Trade	Did you Graduate?	Dates Attended Year Degree Obtained

## LICENSES, CERTIFICATIONS, CPR

Type of Registration/Certificate	State	Lic/Cert #	Issue Date	Expiration Date

If you do not have a required registration or license, have you applied for one? ☐ YES ☐ NO

If an examination is required, what date are you scheduled to take the examination? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever had your professional license reviewed, suspended, or revoked? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

## EMPLOYMENT RECORD

Please explain on a separate sheet of paper any gaps in your work history.

Name/Address of employer	Dates Employed (mo/yr) From _____ To _____ Final Salary \$ _____ per _____	Name of Supervisor: Phone #: May we Contact? YES NO
Your last job title and description of duties:		Reason for Leaving:

Name/Address of employer	Dates Employed (mo/yr) From _____ To _____ Final Salary \$ _____ per _____	Name of Supervisor: Phone #: May we Contact? YES NO
Your last job title and description of duties:		Reason for Leaving:

Name/Address of employer	Dates Employed (mo/yr) From _____ To _____ Final Salary \$ _____ per _____	Name of Supervisor: Phone #: May we Contact? YES NO
Your last job title and description duties:		Reason for Leaving:

Have you ever been terminated from a position? YES NO If yes, please explain: \_\_\_\_\_

Have you ever been convicted for any criminal offense or are there any felony charges pending against you? ☐ YES ☐ NO

If yes, please attach full details.

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?

YES NO If yes, please specify: \_\_\_\_\_

## SKILLS

List training and/or experience that may qualify you for the position for which you have applied.

(Mark "T" if you have **TRAINING** in the skill. Mark "E" if you have **EXPERIENCE** in the skill. Mark "B" if you have **BOTH TRAINING** and **EXPERIENCE**.)

### BUSINESS

- ☐ Typing \_\_\_\_\_ W.P.M.
- ☐ Shorthand \_\_\_\_\_ W.P.M.
- ☐ Transcription
- ☐ Bookkeeping
- ☐ Accounting
- ☐ Calculator
- ☐ Data Entry
- ☐ Invoicing/Inventory
- ☐ PBX
- ☐ Insurance Billing
- ☐ Medicare/Medicaid
- ☐ Industrial Accident
- ☐ Cashier
- ☐ Medical Terminology
- ☐ Word Processing
- ☐ Reception
- ☐ Insurance Claim Processing
- ☐ Coding - CPT/ICD-9
- ☐ Computers (List software used below)

Other: \_\_\_\_\_

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### GENERAL

- ☐ Floor Care (Manual)
- ☐ Floor Care (Machines)
- ☐ Linen Packing
- ☐ Autoclave
- ☐ Sterilizer (Steam/Gas)
- ☐ Dishwasher (Manual)
- ☐ Dishwasher (Industrial)
- ☐ Sewing (Manual)
- ☐ Sewing (Machine)
- ☐ Maintenance (General)
- ☐ Maintenance (Craft)
- ☐ Small Power Tools
- ☐ Operate Small Tractor
- ☐ Current MT Drivers License
- ☐ Oxygen Equipment Setup
- ☐ Lifeguard
- ☐ Swimming Instructor
- ☐ Weight Instructor

Other: \_\_\_\_\_

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### PATIENT CARE

#### NURSING:

- ☐ Sterile Technique
- ☐ Vital Signs
- ☐ Pre-Op Preps
- ☐ Isolation Technique
- ☐ Catheterization
- ☐ Coronary Care
- ☐ Charting
- ☐ Monitor \_\_\_\_\_ Type
- ☐ Intensive Care
- ☐ Orthopedic
- ☐ Pediatric
- ☐ Geriatric
- ☐ Medical
- ☐ Surgical
- ☐ Obstetrics
- ☐ Oncology
- ☐ Family Home Care
- ☐ Respiratory Therapy
- ☐ Occupational Health
- ☐ Medical Clinic

Other: \_\_\_\_\_

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## REFERENCES

List name, address and telephone number of three work related references (Supervisor preferred)

<hr/>	Relationship: _____
<hr/>	Relationship: _____
<hr/>	Relationship: _____

## MILITARY SERVICE RECORD

Branch of Military Service: \_\_\_\_\_

Date entered \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date separated from Active Duty \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Special training received: \_\_\_\_\_

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The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the racial/national origin of the individual applicants on the basis of visual observation or surname.

**Ethnicity:** Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

**Race: (Mark one or more)**

White \_\_\_\_\_ Black or African American \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_

## PLEASE READ THE FOLLOWING BEFORE SIGNING

I certify that all information furnished on this Application for Employment is true to the best of my knowledge. I understand that, if a contingent offer is made, falsified statements on this application or failure to satisfactorily pass a required job function screening, which includes a physical examination, drug screening, and background screening, shall be considered failure to meet necessary conditions of employment and any offer of employment will be non-binding. **Initial** \_\_\_\_\_

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. Also, pursuant to the Child/Adult Abuse Information Act, and other applicable laws, I agree that my background may be checked by Clark Fork Valley Hospital and Montana Law Enforcement Authorities for any criminal history information. **Initial** \_\_\_\_\_

I authorize Clark Fork Valley Hospital to contact past employers and schools to obtain reference information. I will not hold Clark Fork Valley Hospital or any of its employees, medical staff or governing board members, previous employers, or schools responsible for any liability arising out of these inquiries. Depending upon review of any and all history of criminal activity, CFVH has the right to determine within or not such history is cause for offer being pre-empted. **Initial** \_\_\_\_\_

I agree to read and abide by the policies and procedures of Clark Fork Valley Hospital. **Initial** \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Thank you again for your interest in employment with Clark Fork Valley Hospital. You may attach any additional information (i.e. Résumé, license, or certifications) which may be valuable during our hiring process.*

**WE ARE UNABLE TO PROCESS INCOMPLETE APPLICATIONS**

**You may find all our current Job Postings on the internet at:**

**<http://www.hometownhospital.com/cfvh/employment.html>**

**To speak to an Employment Specialist please call: (406) 826-4982**

In accordance with Federal law and the U.S. Department of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW., Washington, DC 20250-9410 or call 800.795.3272 (Voice and TDD). USDA is an equal opportunity provider and employer.