



**Northeast Montana Health Services, Inc.**

315 Knapp Street  
Wolf Point, MT 59201  
406-653-6582 or fax 406-653-6592  
jkauffold@nemhs.net

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of State or Federal law.

**INSTRUCTIONS:** Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

**INCOMPLETE or UNSIGNED applications will not be considered.**

<p>Name: _____ <i>Last First MI</i></p> <p>Social Security Number: _____</p> <p>Address: _____ <i>Mailing Address</i></p> <p>_____ <i>City State Zip code</i></p> <p>Phone Number: _____ <i>Work Home</i></p>	<p>This section must be completed for each position you apply for.</p> <p>Job Title: _____</p> <p>Job Location: _____</p> <p>Date you are available to work: _____</p> <p>Email Address: _____</p>
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If required for this position, do you have?

Valid driver's license?	Yes _____ No _____
Commercial driver's license?	Yes _____ No _____
Are you willing to travel overnight?	Yes _____ No _____
Are you a Veteran?	Yes _____ No _____

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, and ancestry or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take future physical examinations as may be required by this institution at such times and places as the institution shall designate. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), to show satisfactory evidence of identity and eligibility for employment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL:  
Received:

NAME & ADDRESS OF HIGH SCHOOL  
AWARDING DIPLOMA OR EQUIVALENCY  
CERTIFICATION:

\_\_\_\_\_ Diploma or equivalent Certification  
\_\_\_\_\_ None – If none, enter the highest  
Grade completed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College or Training Courses, which help you, qualify

Name and Location	Date attended	Did you Complete?	Degree/Title/Description of Course	Total Hours

List Professional Licenses, Registration or Certificates

Name and complete address of Licensing Agency	Type of License	Endorsement/Restriction (if applicable)	Issue date of License

SPECIAL SKILLS – Check the Skills you posses. Specify speed/errors where requested

\_\_\_\_\_ Typing \_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_ Data Entry \_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_ Medical Terminology  
\_\_\_\_\_ Ten-Key by Touch      \_\_\_\_\_ Other  
\_\_\_\_\_ Computer Languages (specify) \_\_\_\_\_

Please list three (3) personal references (**no family members**):

Name	Occupation	Address	Phone Numbers

**EXPERIENCE**

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work, which has provided experience that would help you qualify. List each promotion as a separate position. If the space provided below is not an adequate amount of space, you may respond to this section on a separate piece of paper if all questions are answered and the same format is followed.

**This information must be completed even if a resume' is submitted.**

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Name & Complete Address of Employer:

\_\_\_\_\_

Type of Business: \_\_\_\_\_ Beginning Date \_\_/\_\_/\_\_ Ending Date \_\_/\_\_/\_\_

Immediate Supervisor: \_\_\_\_\_ Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

Highest Salary \$ \_\_\_\_\_ Phone Number \_\_\_\_\_

Volunteer: Average hours per week: \_\_\_\_\_

Describe your duties (job title, knowledge, skills, abilities required, employee supervised, accomplishments): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

This space may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

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Have you ever been convicted of a felony? \_\_\_\_\_ if so, please explain \_\_\_\_\_

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Have you ever been convicted of a criminal offense related to healthcare or are you listed as debarred, excluded or otherwise ineligible for participation in Federal or State Health Care programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that I may be subject to a criminal investigation. Should the investigation disclose any misrepresentation on the application form or information indicating that I have been convicted of abuse, neglect, mistreatment of individuals and/or theft of property, I will not be employed, or, if already employed, I will be terminated from employment.

I hereby release all individuals, companies, institutions, and other sources supplying such information from any or all liability for damages whatsoever incurred by reason of furnishing such information.

Date: \_\_\_\_\_ \_\_\_\_\_  
*Signature*

**ALL applications MUST be submitted directly to the Human Resources Department.**

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How did you hear about this Job opening?

- News Paper - if so which one? \_\_\_\_\_  NEMHS Web Site
- Posting at one of our facilities  Facebook  Job Service  From NEMHS employee
- Radio - Which station? \_\_\_\_\_  Other \_\_\_\_\_

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Revised 10/31/2023