

DANIELS MEMORIAL HEALTHCARE CENTER

P.O. Box 400 Scobey, MT 59263

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _ How did you learn	about the posi	tion? _						
•	•							
Name					Date Zip			
Address		City		St	ate	_ Zıp		
		Office Phone						
Email Address			Social Sec	curity Nu	ımber			
On what date wou	ld you be availa	able fo	r work?					
Are you a U.S. citizerestrictions?		otherv	vise authorized to wo	ork in th	ie U.S. withou	ut any		
			ny? 🗌 Yes 🔲		yes please d	lescribe		
			ated or asked to resi cribe the circumstan					
EDUCATION								
School Name	Location		Years Attended Deg		e Received	Major		
			eld:					
List other informati	ion pertinent to	the en	nployment you are se	eeking:				
DDOFFCCIONAL I	DEFEDENCES (1	Individu	als who can provide job	h releted	nofomonoo info	mation)		
Name:	<u> </u>			b related	Organization			
Name:		Occupation			Organization	1		
		Dhon			A ddraga			
		Phone			Address			
Name:		Occupation			Organization			
		Phone			Address			
Important! Give nar	me and address	of perso	on to notify in case of e	emergen	cy.			
Name:		Phone Number			Address			

Employment: (Mo	ost Recent First).		Job T	itle					
Dates Employed		Posit	ion held						
Address		Citv		Title Zip					
PhoneStarting Salary _		Job Title		Sup	ervisor	_ '			
Starting Salary			Ending Salar	<u> </u>					
Duties Performed	b		_ 0	,					
Reason for leavi	ng								
2. Employer			Job T	itle					
2. Employer Dates Employed Address		Posit	ion held						
Address		City		Stat	е	Zip			
Phone		Job Title		Supervisor ry					
Starting Salary			Ending Salar	' V					
Duties Performed	 d		3	,					
Reason for leavi	ng								
3 Employer			.loh T	itle					
Dates Employed		Posit	ion held			-			
3. Employer Dates Employed Address Phone		1 0311 1 1 0311		Stat		7in			
Phone				Siai Sur	ervisor	_ - -ıP			
Starting Salary _		_ 00D TILLE	Ending Salar	Sup	OI VISUI				
Dutice Dorformer	٨		Lituitiy Salal	у	·				
Duties Performed Reason for leaving	۰								
This application six months. Any should inquire a I hereby underst employment relationships the major in the months application in the months appli	applicant wishins to whether or ratand and acknow ationship with thi	ng to be consid not applications rledge that, unl s organization	ered for emplo s are being ac less otherwise is of an "at wil	cepted and defined by the comment of	beyond thing at that time d by applice, which m	is time e. cable la reans t	period aw, any hat the		
with or without on not be changed acknowledged in	ause. It is furthe by any written d	r understood the comment or by	nat this "at will conduct unles	l" emplo ss such	yment rela change is	ationsh	ip may		
In the event of e application or in abide by all rule	terview(s) may r	esult in dischar	ge. I understa						
Signature of App	olicant		Date						
Applicant—Plea	se do not use th	is space below	:						
rviewed by:	Date:	Time:	Rated by:	Da	te:	Tim	e:		
POSTION	Position Title:	Department	Rate	Shift	Starting [Date	Supervisor		