

# Providence Surgery Center

DO NOT WRITE IN THIS SPACE

## EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

902 North Orange  
Missoula, MT 59802  
(406) 327-3300

INCOMPLETE OR UNSIGNED APPLICATIONS  
WILL NOT BE CONSIDERED.

Hire/Entry Date _____	Review _____	
Department _____	Title _____	
Department Number _____	Job Class _____	
Status _____	Grade _____	
Shift _____	EEOC _____	
Wage _____	Salary _____	Hourly _____
Shift Differential: Basic _____	Senior _____	
Temporary _____	To _____	
Orientation Date _____	Nursing Orientation _____	
Blood-borne Pathogens _____		
OHS Physical _____	Paperwork _____	Benefits _____
Badge # _____		

Today's Date \_\_\_\_\_

If you need any accommodation to participate in the application or interview process, please inform the Human Resources staff.

### PERSONAL DATA

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Present Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_ Message \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No (You must provide proof of eligibility upon employment)

Have you within the last 7 years been convicted of or admitted to an offense involving drugs, narcotics or theft?  Yes  No

Position you are applying for \_\_\_\_\_ Date available for employment \_\_\_\_\_

Are you applying for  full-time  part-time  temporary  PDR/on-call

Have you been employed here before?  Yes  No If yes, position \_\_\_\_\_ Dept. \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Please indicate below the times you are available to work:

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
From							
To							

List shift preference (1st, 2nd, 3rd choice)		
7-3	3-11	11-7

### PROFESSIONAL REGISTRATION/LICENSURE

Type of Registration or License	State	Number	Date of Expiration

Are the above professional license(s) currently in good standing?  Yes  No

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? \_\_\_\_\_

If not licensed in the state of Montana, have you applied for reciprocity?  Yes  No

**EDUCATION**

Names & Locations of Schools Attended	Course of Study	Did you graduate?	
		Yes	No
High School			
College	Major Degree		
Other (Name & Type)			

**EMPLOYMENT HISTORY** List your four most recent employers, starting with your present or last employer. List any periods of unemployment under Name of Firm. Please include any periods of military service.

Name of Firm	Job Title	Dates Employed	
Address & Phone Number	Describe your job duties		
Supervisor's Name			
Reason for Leaving	Please list any other names that you worked under		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Firm	Job Title	Dates Employed	
Address & Phone Number	Describe your job duties		
Supervisor's Name			
Reason for Leaving	Please list any other names that you worked under		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Supervisor's Name			
Reason for Leaving	Please list any other names that you worked under		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list below any specific skills that you feel are relevant to your application for this position (typing, computer, transcription, medical terminology, operation of any relevant machinery/equipment).

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- I understand that the information on this employment application has been requested for purposes of evaluating my qualifications in regard to the requirements of the specified position.
- I affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
- I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application to provide any relevant information that may be required to arrive at an employment decisions.
- I release all persons connected with furnishing such information from all claims, liabilities, and damages for whatever reason, arising out of furnishing such information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_