

PROVIDENCE SURGERY CENTER

902 NORTH ORANGE STREET

MISSOULA, MT 59802-2928

P: (406) 327-3300

F: (406) 327-3302



Employment Application

Today's Date: _____

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.

APPLICANT INFORMATION

Last Name		First		M.I.	SSN	
Street Address				Apartment/Unit		
City			State		ZIP	
Phone			Cell Phone			
Date Available to Start:		Applying for:	Full-Time	Part-Time	PDR/ On-Call	
Position Applying for:						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

PROFESSIONAL CERTIFICATE/LICENSURE

Type of Certificate or License:						
State:	Number:			Date of Expiration:		
Type of Certificate or License:						
State:	Number:			Date of Expiration:		
Basic Life Support (BLS):	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Expiration:			
Advanced Cardiovascular Life Support (ACLS):	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Expiration:			

Pediatric Advanced Life Support (PALS): YES NO Date of Expiration:

PREVIOUS EMPLOYMENT

Company		Phone			
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Company		Phone			
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Company		Phone			
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	

REFERENCES (3)

Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment.
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 decision.
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		Date	
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