

NAME (LAST, FIRST, MI)

POSITION APPLIED FOR

DATE

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DATE



HELENA
SURGICENTER
care centered around you

EMPLOYMENT APPLICATION

P (406) 457.4200 / F (406) 457.4220
2440 Winne Ave, Ste 100 / Helena, Montana 59601

www.helenasurgicenter.com

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Helena SurgiCenter to provide equal employment opportunity. Selection of applicants shall be made on the basis of their qualifications and ability to perform the job, without regard to race, color, religion, sex, national origin, age, marital status or the presence of a disability that does not interfere with the performance of the essential functions of the job for which they have applied.

PERSONAL INFORMATION

Name (Last, First, MI): _____

Phone # _____ Email Address _____

Have You Ever Been Employed Under Another Name? YES NO If Yes, Please List and When _____

Present Address _____ How Long? _____

STREET #

CITY/STATE/ZIP

If at Present Address Less Than 6 Months, Give Previous Address _____ How Long? _____

STREET #

CITY/STATE/ZIP

Are You a U.S. Citizen? YES NO Are You Younger Than 18 Years Old? YES NO

Relatives Employed in This Facility? YES NO If Yes, Name _____

How Did You Learn About This Job Opening? _____

Do You Prefer FULL PART PRN Days Available _____ Hours Available _____

1ST CHOICE

2ND CHOICE

When Would You be Available for Work? _____ Were You Previously Employed By Us? YES NO If Yes, When? _____

Are You Able to Perform the Essential Functions of the Job for Which You are Applying? YES NO

Have You Ever Been Convicted Of A Felony? (A Felony Conviction Does Not Automatically Disqualify You From Employment): YES NO

If Yes, Explain _____

Have You Ever Had Any Government (i.e. Medicare, Medicaid) Convictions and/or Exclusions? YES NO

If Yes, Explain _____

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS	FROM	TO	DEGREE	COURSE OR MAJOR
High School					
College					
Post Graduate					
Business or Trade					
Other					

SKILLS & QUALIFICATIONS

Office Machines You Operate Proficiently _____

List Any Special Certificates and/or Technical Professional Licenses _____

Please Rate Yourself on Your Ability to Use a Computer NONE BEGINNER INTERMEDIATE PROFICIENT Typing Speed _____

Please Use the Space Below to Summarize Any Additional Information Necessary to Describe Your Full Qualifications _____

Did You Serve in the U.S. Armed Forces? YES NO What Branch? _____

Briefly Describe Duties and Skills Acquired Through Military Service (Include Dates) _____

EMPLOYMENT HISTORY

1. You must complete this section even if you are providing a resume.
2. Begin with most recent employer.
3. List ALL present and past employment or military service that the space will allow.

Employer Name _____ Address _____
Supervisor's Name _____ Phone # _____
From _____ To _____ Pay Rate _____ Position _____
MO/YR MO/YR
Duties and Reasons for Leaving _____

Employer Name _____ Address _____
Supervisor's Name _____ Phone # _____
From _____ To _____ Pay Rate _____ Position _____
MO/YR MO/YR
Duties and Reasons for Leaving _____

Employer Name _____ Address _____
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MO/YR MO/YR
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REFERENCES

NAME	EMAIL ADDRESS	PHONE #	RELATIONSHIP TO APPLICANT

