

# APPLICATION FOR EMPLOYMENT



**Wheatland Memorial  
Healthcare**

530 3<sup>rd</sup> ST. NW – P.O. Box 287 – (406) 632 – 4351  
Harlowton, Montana 59036-0287

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.*

**PLEASE type or print**

Positions Applied For \_\_\_\_\_

Date of Application \_\_\_\_\_

How did you learn about us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

MI \_\_\_\_\_

Nick Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (s)

Home \_\_\_\_\_

Cell \_\_\_\_\_

Have you ever filed an application with us before?

Yes

No

If Yes, give date \_\_\_\_\_

Have you ever been employed by us before?

Yes

No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Have you ever been convicted of a felony?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)

Yes

No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

Full Time

Part Time

Shift Work

Temporary

Are you available to work call when necessary?

Yes

No

Can you travel if a job requires it?

Yes

No

Are you able to perform the essential mental and physical duties of the position for which you are applying with or without an accommodation?

Yes

No

.....  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**EDUCATION**

High School

Undergraduate  
College/University

Graduate  
Professional

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School Name and Location

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Years Completed

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Diploma/Degree

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Course of Study

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Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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List any certificates or licenses you currently hold which would pertain to the position you are applying for:

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**SPECIAL SKILLS AND QUALIFICATIONS:**

Summarize special job-related skills and qualifications acquired from employment or other experience:

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**REFERENCES:**

Give name, address and telephone number of three job – related references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

*Start with your present or last job. Include any job – related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national, origin, handicap or other protected status.*

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Employer

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Address City State Zip Telephone Number(s)

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Job Title Supervisor Reason for leaving

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Salary Starting: Final: Dates Employed From: To:

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Work Performed: \_\_\_\_\_  
\_\_\_\_\_

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Employer

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Address City State Zip Telephone Number(s)

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Job Title Supervisor Reason for leaving

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Salary Starting: Final: Dates Employed From: To:

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Work Performed: \_\_\_\_\_  
\_\_\_\_\_

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Employer

---

Address City State Zip Telephone Number(s)

---

Job Title Supervisor Reason for leaving

---

Salary Starting: Final: Dates Employed From: To:

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Work Performed: \_\_\_\_\_  
\_\_\_\_\_

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Employer

---

Address City State Zip Telephone Number(s)

---

Job Title Supervisor Reason for leaving

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Salary Starting: Final: Dates Employed From: To:

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Work Performed: \_\_\_\_\_

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further release all parties and persons connected with furnishing such information from all claims, liabilities, and damages for whatever reason, arising out of furnishing such information.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time. Due to the volume of applications on hand at any given time, it is impossible to contact every applicant when positions open. Therefore, it is the responsibility of applicants to indicate ongoing interest.

I understand that Wheatland Memorial Healthcare reserves the right to modify, revoke, suspend, terminate or change policies or procedures in whole or in part at any time. Any verbal statements or promises about job security made by any person employed in this facility, to any other employee or job applicant must be reduced to writing and signed by the Chief Executive Officer of WMH before becoming effective and binding upon either party.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

[\\*Please save and send application to peggy.hiner@wheatlandmemorial.org](mailto:peggy.hiner@wheatlandmemorial.org)