

APPLICATION FOR ALL POSITIONS EXCEPT CLINICAL PROVIDERS

Glacier Community Health Center, Inc.
519 E. Main St., Cut Bank, MT 59427
Phone: (406) 873-5670 - Fax: (406) 873-5675

GENERAL INFORMATION

Last Name	First Name	Middle Initial	Home Phone	Work Phone	Message Phone
Address		City	State	Zip	Social Security Number
Available For: Full-Time___ Part-Time___		On-Call ___ Temporary___	Days___ Evenings___ Weekends___	Date Available: _____	Salary Expected: _____

EMPLOYMENT HISTORY – START WITH MOST RECENT JOB Are you currently employed? Yes__ No__ May we contact your current employer? Yes__ No__

FROM:	JOB TITLE: _____ SALARY: _____	EMPLOYER: _____
TO:	PRIMARY DUTIES: _____	ADDRESS: _____
	REASON FOR LEAVING: _____	SUPERVISOR: _____
		TELEPHONE: _____
FROM:	JOB TITLE: _____ SALARY: _____	EMPLOYER: _____
TO:	PRIMARY DUTIES: _____	ADDRESS: _____
	REASON FOR LEAVING: _____	SUPERVISOR: _____
		TELEPHONE: _____
FROM:	JOB TITLE: _____ SALARY: _____	EMPLOYER: _____
TO:	PRIMARY DUTIES: _____	ADDRESS: _____
	REASON FOR LEAVING: _____	SUPERVISOR: _____
		TELEPHONE: _____
FROM:	JOB TITLE: _____ SALARY: _____	EMPLOYER: _____
TO:	PRIMARY DUTIES: _____	ADDRESS: _____
	REASON FOR LEAVING: _____	SUPERVISOR: _____
		TELEPHONE: _____

EDUCATION – A High School Diploma or GED is a minimum requirement for all positions.

High School Name & Location: Yes__ No__	High School Diploma: Yes__ No__	If no, GED Certificate?
College Name & Location:	Years Attended: 1 2 3 4	Degree/Subjects Studied:
College Name & Location:	Years Attended: 1 2 3 4 5 6	Degree/Subjects Studied:

Are you at least 18 years of age? Yes__ No__		Other names under which you have been employed or attended school:
Do you hereby attest under penalty of perjury that you are a citizen or national of the United States of America (USA), an alien lawfully admitted for permanent residence in the USA or an alien who is authorized by US law or by the US Attorney General to be hired, recruited, or referred for employment by the Glacier Community Health Center? Yes__ No__		
Are you fluent in other languages other than English? Yes__ No__	Have you ever been employed by GCHC? Yes__ No__ If yes, when? _____	
If yes, specify: _____	What position? _____	
Have you ever been convicted of a crime, excluding minor traffic offenses? Yes__ No__ If yes, explain (a conviction record will not necessarily bar you from employment): _____		

PROFESSIONAL REGISTRATION/LICENSE

Type of Registration/License Restrictions	State	Number	Date of Expiration	Restrictions	Explain
				Yes No	
				Yes No	

ADDITIONAL SKILLS: _____

REFERENCES: Please list three professional or work references who are not related to you, and who have knowledge of your qualifications.

Name	Title/Position	Company and Address	Phone Number

NAMES OF FRIENDS OR RELATIVES WHO WORK HERE NOW, OR WHO ARE ON THE BOARD OF DIRECTORS: _____

REMARKS (include any additional information you would like to be considered): _____

POSITION(S) APPLYING FOR: _____

PLEASE READ CAREFULLY AND SIGN BELOW – Review your application carefully to ensure you have answered each question – Incomplete applications will not be processed.

I grant permission to Glacier Community Health Center to verify and obtain information on my employment, school records and license/certification. I hereby release my employers, schools, personal references, and any agencies contacted from any and all liability of damages for providing the information requested. Further, I certify that the above information is true and correct to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for termination if employed by Glacier Community Health Center. Employment may be contingent upon the provision of documents necessary to satisfy the Immigration Reform and Control Act, a satisfactory Criminal History Report from the State Patrol and satisfactory references. I understand that this application does not create a contract of employment.

Signature of Applicant _____
Date

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin or disability.
 Revised 1/14/06