



Southwest Montana Community Health Center
Main Office / Clinic 445 Centennial Ave., Butte, MT 59701 (406)723-4075
employment@swmtchc.org

APPLICATION FOR EMPLOYMENT

Please complete all requested information

Position(s) Applied For _____ Date _____

How did you learn about this position?

Do you need an accommodation to participate in any part of the application or interview process?

Yes No

Please describe accommodation, if needed: _____

PERSONAL INFORMATION (please print clearly)

Name _____ Phone _____

Address _____

City _____ State/Zip _____

Email _____ Alt. Phone _____

GENERAL INFORMATION

Type of employment desired: Full-time Part-time Temporary Per-diem

On what date would you be available to work? _____ Salary Desired: _____

Are you over 18 years of age? Yes No If **no**, please list your age. _____

Do you have any relatives employed by SWMTCHC? Yes No If yes, name of relative. _____

Are you legally eligible for employment in the United States? Yes No

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense?

Yes No

A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

If yes, please explain: _____

**SWMTCHC IS AN EQUAL OPPORTUNITY EMPLOYER.
WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE,
NATIONAL ORIGIN, MARITAL STATUS, MILITARY STATUS, OR DISABILITY.**



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EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	CIRCLE LAST GRADE/YEAR COMPLETED	MAJOR & DEGREE
High School			10 11 12	
College			1 2 3 4	
College			1 2 3 4	
College			1 2 3 4	
Additional School			1 2 3 4	
Additional School			1 2 3 4	

Comments: _____

ADDITIONAL INFORMATION (Add additional sheets if necessary. You may include copies of certifications and or licenses if you choose)

Skills and Qualifications: Summarize any training, skills, areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying. Include any health care related, business, or industrial equipment operated.

US Military Training: Summarize any job-related training you received in the US Military.



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Professional Licenses and/or Certifications: If licensed, registered, or certified, please list:

Type: _____ State Issued: _____ Date Issued: _____ Number: _____

Type: _____ State Issued: _____ Date Issued: _____ Number: _____

Type: _____ State Issued: _____ Date Issued: _____ Number: _____

Type: _____ State Issued: _____ Date Issued: _____ Number: _____

EMPLOYMENT HISTORY (Attach additional sheets if necessary)

Please fill out this section completely and do not write "see resume". Begin with your most recent employment.

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Job duties, skills, equipment used: _____

Dates of Employment: Start _____ End _____

Reason for leaving: _____

Supervisor's Name: _____ Phone Number: _____

Company Name: _____

Address: _____

Job duties, skills, equipment used: _____

Dates of Employment: Start _____ End _____

Reason for leaving: _____

Supervisor's Name: _____ Phone Number: _____



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Company Name: _____

Address: _____

Job duties, skills, equipment used: _____

Dates of Employment: Start _____ End _____

Reason for leaving: _____

Supervisor's Name: _____ Phone Number: _____

Company Name: _____

Address: _____

Job duties, skills, equipment used: _____

Dates of Employment: Start _____ End _____

Reason for leaving: _____

Supervisor's Name: _____ Phone Number: _____

If you not want us to contact any of the above listed current or former employers, please list them below and state the reason you do not want each contacted:



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PROFESSIONAL REFERENCES

Please list three professional references who are not relatives

Name	Relationship	Phone Number

APPLICANT STATEMENT

I certify that I have read the job description of the position for which I am applying and that I am able to perform the essential functions with or without accommodation.

I certify that all information I have provided in order to apply for and secure work with SWMTCHC is true, complete, and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from SWMTCHC service, whenever it is discovered.

I expressly authorize SWMTCHC and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding SWMTCHC or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that SWMTCHC does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Applicant Signature: _____ Date: _____

Southwest Montana Community Health Center is an Equal Opportunity Employer