



**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



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**EEO-1 VOLUNTARY SELF-IDENTIFICATION FORM**

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires SWMTCHC to determine this information by visual survey and/or other available information. This information will be kept private and separate from your application and/or your personnel file. It is used for EEO reporting only.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

**GENDER** (Please check one)

Male \_\_\_\_\_ Female \_\_\_\_\_

**RACE/ETHNICITY** (Please check one of the descriptions below corresponding to the ethnic group with which you identify)

\_\_\_ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_ **Native American or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

\_\_\_ **Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

\_\_\_ **I do not wish to disclose.**