



# NORTHERN ROCKIES MEDICAL CENTER

## Employment Application

✓ Please complete this application by typing or printing in ink. *INCOMPLETE* or *UNSIGNED* applications will not be considered.

✓ *NORTHERN ROCKIES MEDICAL CENTER* is an equal employment opportunity employer. All applicants are considered for employment based on their qualification without regard to race, color, religion, national origin, sex, age, marital status, disability or any other factor prohibited by law or regulation.

✓ Do you need any accommodations to participate in the application or interview process? \_\_\_Yes \_\_\_No

**Position(s) Applied For:**  Day Shift  Night Shift  
 Full Time  Part Time  Relief

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE APPLICATION **EVEN IF YOU ENCLOSE A RESUME.**

**Personal Data**

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Present Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Message Phone ( )** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Education**

High School Diploma or GED?  Yes  No Post Secondary Degree? \_\_\_\_\_

Name of school beyond High School: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**License and/or Certifications (For positions requiring licensure or certification, please complete the following:**

License/Certification(s)	State	Registration #	Expiration Date

**Special Skills:** List skills such as equipment, tools, machinery or office equipment operated, training programs, or any other qualifications that have a direct reflection on the job(s) applied for.


**Work Experience (List most recent work experience first)**

<b>Company Name:</b>		<b>Immediate Supervisor:</b>	
<b>Address:</b>		<b>Phone:</b>	
<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>	
<b>Job Duties:</b>			
<b>Reason For Leaving:</b>			

<b>Company Name:</b>		<b>Immediate Supervisor:</b>	
<b>Address:</b>		<b>Phone:</b>	
<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>	
<b>Job Duties:</b>			
<b>Reason For Leaving:</b>			

<b>Company Name:</b>		<b>Immediate Supervisor:</b>	
<b>Address:</b>		<b>Phone:</b>	
<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>	
<b>Job Duties:</b>			
<b>Reason For Leaving:</b>			

**References (preferably persons who know about your work ethics)**

<b>Name</b>	<b>Address</b>	<b>Phone</b>

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

With my signature below, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for such information.

**Northern Rockies Medical Center is a Drug and Alcohol Free Work Place. Any and all offers of employment for NRMC are contingent on a negative Drug and Alcohol Screening.**

**I understand this application is not intended to be a contract of employment. I further understand that any employment the facility may offer me may be terminated at any time before the 90 day probationary period ends.**

<b>Signature</b>	<b>Date</b>
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