



APPLICATION FOR EMPLOYMENT

2833 Fort Missoula Rd • Missoula, MT 59804

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. The use of this form does not in any way obligate Big Sky Surgery Center, LLC a clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Big Sky Surgery Center, LLC is an equal opportunity employer and will consider all applicants for all positions equally, without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act.

Only applicants meeting the minimum requirements for the position, as determined by Big Sky Surgery Center, LLC in accordance with standards established by the most current job description, will be considered for employment. Should more than one qualified person make application for the same open position, we reserve the right to select the applicant who, in our opinion, possesses the best qualifications for that position.

Name _____
 (Last) (First) (M.I.)

Other names used in Prior Employment: _____

Present Address _____
 (Number) (Street) (Apt. #)

 (City) (State) (Zip)

How long have you lived at this address? _____ Phone Number _____

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

Are you bi-lingual? _____ Languages spoken or read _____ Do you know Sign Language? _____

Have you ever been convicted of a crime? Yes No

If yes, please explain _____

Have you ever been investigated or sanctioned for Medicaid / Medicare fraud? Yes No

Have you ever been disciplined or terminated from a prior job due to a violation of privacy policies or misuse of patient information? Yes No

Have you ever been disciplined for breaching security at a previous job? Yes No

EDUCATION

School	Name and Address of School	Year Graduated	Highest Grade Completed	Course of Study	Diploma or Degree
High School					
College					
Technical					
Other (Specify)					

If currently enrolled in an educational program, please explain and specify times available to work:

List your last 3 Employers, beginning with the Present or Most Recent:

If you have a job at this time, may we contact your current employer? Yes No

Comments _____

1. Place of Employment _____ Position Held _____
Address _____ Name of Supervisor _____
City _____ State _____ Phone _____
Employment Dates from _____ to _____ Salary _____
Name used during employment _____
Reason for leaving _____

2. Place of Employment _____ Position Held _____
Address _____ Name of Supervisor _____
City _____ State _____ Phone _____
Employment Dates from _____ to _____ Salary _____
Name used during employment _____
Reason for leaving _____

3. Place of Employment _____ Position Held _____
Address _____ Name of Supervisor _____
City _____ State _____ Phone _____
Employment Dates from _____ to _____ Salary _____
Name used during employment _____
Reason for leaving _____

Application Disclosure

Please read this statement carefully. Should you have any questions, please seek assistance before signing the application.

This company is an equal opportunity employer and selects individuals best matched for the job based upon job-related qualifications regardless of race, color, creed, sex, religion, national origin, marital status, age or disability. I understand that any misrepresentation, misinformation or inaccuracy of the statements contained in this application may result in termination of my employment or withdrawal of an offer of employment. I authorize the company to investigate all information and references and to obtain any transcripts, records, or documents pertaining to my background and business experience as required to arrive at an employment decision. I also hereby release the company, its officers, employees, representatives, or agents and those furnishing such information, from any and all liability and/or damage incurred by myself as a result of obtaining such information.

I understand that if I have a physical or mental impairment that substantially limits one or more of my major life activities or a record of such impairment, or if I otherwise believe myself to be covered by the Americans with Disabilities Act, I can advise the company at any time during the application, interview or hiring process about the accommodations the company could make to enable me to perform the essential functions of the job I am seeking. I understand that submission of information regarding my disability will be kept confidential, except that, if hired, (1) Supervisors and managers may be informed regarding restrictions on my work or duties, and regarding necessary accommodations; (2) First Aid and Safety personnel may be informed. In this connection, I authorize any physician or hospital to release to the company any information that may be necessary to determine my ability to perform the functions of a job for which I am being considered prior to employment or during my employment with the company. If offered employment, the company may require me to take a physical examination or drug and alcohol screen, the results of which I agree can be reported to the company.

I understand that as a matter of company policy, my employment and compensation shall only continue so long as mutually agreeable, and may be terminated by the company or me without advance notice. No manual, policy or statement made by any company representative (other than a formal agreement signed by an officer of the company and me) constitutes a contract of employment, whether express or implied, for any specific period of time or upon any continuing term.

If hired, I agree to conform to the rules and regulations of this company as issued from time to time. I understand that this application will remain active for 60 days, and if I have not been hired by that date, I must complete a new application to be considered for future employment.

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report or an investigative consumer report may be made in connection with my application for employment. If I am denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to me of the name and address of the consumer reporting agency making such report.

I have read the above notice and understand what it means.

Date _____ Signature of Applicant _____