



# **Employment Application**



301 W 7<sup>th</sup> Avenue  
PO Box 1228  
Big Timber, MT 59011

## Employment Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address PO Box (If Applicable)  
\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Prospect employees will need to provide both a physical AND mailing address along with a phone number and email address\**

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What position are you applying for? \_\_\_\_\_  
Salary Desired: \_\_\_\_\_

If you are currently employed, may we contact your present employer? Yes  No

How were you referred to Pioneer Medical Center?

\_\_\_\_\_

Do you have any relatives or friends employed by Pioneer Medical Center? Yes  No   
If yes, which department(s)? \_\_\_\_\_

Have you ever been employed by Pioneer Medical Center? Yes  No   
If yes, please provide a timeframe: \_\_\_\_\_

Available start date:

\_\_\_\_\_

Which of the following are you applying for?  
Full Time  Part Time  Per-Diem

Are you under the age of 18? Yes  No

Are you a citizen of the United States or have a legal right to be employed in the United States? Yes  No

If yes, can you provide proof of eligibility to work? Yes  No

\_\_\_\_\_

Have you ever been convicted of a felony offense (felony or misdemeanor)? Yes  No   
If yes, please provide a brief description: \_\_\_\_\_

\_\_\_\_\_



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## Education

### High School

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate? Yes  No  If yes, what year? \_\_\_\_\_

### College

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Did you graduate? Yes  No  If yes, what year? \_\_\_\_\_

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Did you graduate? Yes  No  If yes, what year? \_\_\_\_\_

### Graduate School

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Did you graduate? Yes  No  If yes, what year? \_\_\_\_\_

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**Please list any specialized training, apprenticeships, extracurricular activities and any job-related training or skills:**

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**Please list any special job-specific equipment that you have experience operating in a healthcare or business setting:**

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## Employment Experience

Please fill out the information below regarding your previous employers, starting with your most recent employer. *Phone number must be supplied.*

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_  Currently working here

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact your supervisor? Yes  No  Immediate Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Address: \_\_\_\_\_

Duties: \_\_\_\_\_  
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Duties: \_\_\_\_\_  
\_\_\_\_\_

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## Licenses and Certifications

Type: \_\_\_\_\_ State: \_\_\_\_\_  
License/Cert. #: \_\_\_\_\_ Expires: \_\_\_\_\_

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License/Cert. #: \_\_\_\_\_ Expires: \_\_\_\_\_

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License/Cert. #: \_\_\_\_\_ Expires: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_  
License/Cert. #: \_\_\_\_\_ Expires: \_\_\_\_\_

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## References

Please list two persons who are not related to you that can provide a professional reference in regards to your employment. *Phone number must be supplied.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Please attach a resume and cover letter of your educational and professional career.**



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*Pioneer Medical Center provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, pregnancy, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.*

*This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.*

I understand that I will be subject to a background check and a drug screen for illegal substances if my application/resume is selected for hire per Pioneer Medical Centers pre-employment process. I will be provided the "Alcohol and Drugs in the Workplace" and "Recruitment" policies prior to testing.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I authorize personnel representatives of Pioneer Medical Center to contact any of my schools, former employers or other references unless otherwise stated. I understand that a background check will be done for employment purposes that may include criminal history, social security trace, employment and education references, professional licenses and credentials. Authorization for drug screen and background check will be signed once application has been approved. I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. I also understand that I will be required to successfully complete a pre-employment drug screen prior to employment. This agreement does not bind either party for any specific period of time.

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Signature

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Date

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Printed Name

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Date