

Employment Application

Last Name	First Name		MI
Address	City	State	Zip
Email		Phone	
What position are you applying for?			
Choose your preferred availability:	[]Full-time []Par	t-time [] PRN	[] Temporary
Date you are available to begin work: _			
Are you legally authorized to work in t	the United States? [] Yes	[] No	
Have you ever worked for Greater Vall	ley Health Center or Flathead Cor	nmunity Health Cent	er? []Yes []No
If yes, what position and when?			
Are you related to another GVHC emp	loyee or board member? [] Y		
	loyee or board member? [] Y		
If yes, who?			[]Yes []No
If yes, who? Are you willing to travel? [] Ye	rs []No Are yo	′es []No	[]Yes []No
Are you willing to travel? [] Ye How did you hear about this position?	rs []No Are yo	′es []No	[]Yes []No
If yes, who? Are you willing to travel? [] Ye How did you hear about this position? Education & Training	s []No Are yo	<pre>'es [] No u willing to relocate?</pre>	
If yes, who? Are you willing to travel? [] Ye How did you hear about this position?	rs []No Are yo City:	<pre>'es [] No u willing to relocate? State:</pre>	
If yes, who? Are you willing to travel? [] Ye How did you hear about this position? Education & Training High-school:	rs []No Are yo City:	<pre>'es [] No u willing to relocate? State:</pre>	
If yes, who? Are you willing to travel? [] Ye How did you hear about this position? Education & Training High-school:	es []No Are yo City: oma? []Yes []No	<pre>'es [] No u willing to relocate? State:</pre>	

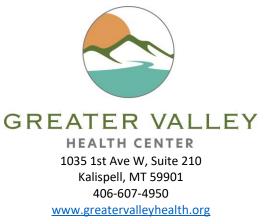


Education & Training Continued					
Degree:	College:				
Dates Attended:	Did you graduate? []Yes []No				
Degree:	College:				
Dates Attended:	Did you graduate? []Yes []No				
Experience (Please list the most current employer first)					
Employer:	Phone:				
Address:City:	State: Zip:				
Job Title:	Supervisor:				
Employed From (Month, Year): To (Last Date Worked):					
Reason for Leaving:					
May we contact this employer or previous supervisor for a reference? [] Yes [] No					
General Responsibilities:					
<u>Experience</u>					
Employer:	Phone:				
Address:City:	State: Zip:				
Job Title:	Supervisor:				
Employed From (Month, Year):	To (Last Date Worked):				
Reason for Leaving:					
May we contact this employer or previous supervisor for a reference? [] Yes [] No					
General Responsibilities:					



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<u>Experience</u>					
Employer:	Phone:				
Address:City:	State:		Zip:		
Job Title:	Supervisor:				
Employed From (Month, Year):	To (Last Dat	te Worked): _			
Reason for Leaving:					
May we contact this employer or previous supervisor for	a reference?	[]Yes	[] No		
General Responsibilities:					
Experience					
Employer:	Phone:				
Address:City:	State:		Zip:		
Job Title:	Supervisor:				
Employed From (Month, Year): To (Last Date Worked):					
Reason for Leaving:					
May we contact this employer or previous supervisor for a reference? [] Yes [] No			[] No		
General Responsibilities:					
Please add any additional experience you have related to this position:					
r lease add any additional experience you have re	nated to this p	05111011.			



5	or are you presently under an indictment that would prevent you kground check will be completed if you are offered the position.)			
[]Yes []No				
Explanation:				
Please include the following documents (you may attach them here or email a copy to HR):				
Current Driver License #:	Expiration:			
Basic Life Support: [] Yes [] No Expiration:				
State Board License #:	Expiration:			
Please provide a current resume, CV, and cover letter if available.				
Peer References:				
(Please list 2 peer references who have personal knowledge of your current abilities, ethical character, and ability to work cooperatively)				
Name:	_Email:			
Phone:	_			
	_ Email:			
Phone:	_			
It is the policy of this facility to provide equal opportunity to persons regardless of race, religions, age, gender, disability, veteran, genetic information, or any other classifications in accordance with federal, state, and local statues, regulations and ordinances.				
To the best of my knowledge the information I provided in or attached to this application is true and correct. I have reviewed the job description for this position and I am able to perform the job as described. I understand that any misrepresentation, misstatement, or omission from this application, whether or not, may be cause for denial of this application. Upon subsequent discovery of such misrepresentation, misstatement, or omission, GVHC may terminate my employment.				
Applicant Signature:	Date:			

Revised May 2021