



GREATER VALLEY

HEALTH CENTER

1035 1st Ave W, Suite 210

Kalispell, MT 59901

406-607-4950

www.greatervalleyhealth.org

Employment Application

_____			_____			_____					
Last Name			First Name			MI					
_____			_____			_____					
Address			City			State			Zip		
_____			_____			_____			_____		
Email			_____			Phone			_____		
_____			_____			_____			_____		
What position are you applying for? _____											
Choose your preferred availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary											
Date you are available to begin work: _____											
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Have you ever worked for Greater Valley Health Center or Flathead Community Health Center? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, what position and when? _____											
Are you related to another GVHC employee or board member? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, who? _____											
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No											
How did you hear about this position? _____											
<u>Education & Training</u>											
High-school: _____ City: _____ State: _____											
Did you graduate or receive a diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No											

Degree: _____ College: _____											
Dates Attended: _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No											



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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: _____

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

General Responsibilities: _____



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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

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

General Responsibilities: _____

Please add any additional experience you have related to this position:



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Have you ever been convicted of a felony or are you presently under an indictment that would prevent you from performing these job duties? (A background 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: _____

Name: _____ 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: _____