



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	State	Zip
_____	_____	_____
Email	Phone	

Are you at least 18 years old? Yes No

What position are you applying for? _____

Choose your preferred availability: Full-time Part-time PRN Temporary

Date you are available to begin work: _____

Are you legally authorized to work in the United States? Yes No

Have you ever worked for Greater Valley Health Center or Flathead Community Health Center? Yes No

If yes, what position and when? _____

Are you related to another GVHC e? Yes No If yes, who? _____

Are you willing to travel? Yes No Are you willing to relocate? Yes No

How did you hear about this position? _____

Education & Training

High-school: _____

Did you graduate or receive a diploma? Yes No

Degree: _____ College: _____

Dates Attended: _____ Did you graduate? Yes 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: _____ 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: _____ 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: _____

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: _____

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: _____