

MCCONE COUNTY HEALTH CENTER

605 Sullivan Avenue
PO Box 48
Circle, MT 59215
406-485-3381

Employment Application

info@mcconehealth.org

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		Prov.		Postal Code	
Phone		E-mail Address			
Date Available		Social Ins. No.		Desired Salary	
Position Applied for					
Are you a Canadian citizen?		YES	NO	If no, are you authorized to work in Canada?	
				YES	NO
Have you ever worked for this company?		YES	NO	If so, when?	
Have you ever been convicted of a felony?		YES	NO	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Diploma
College/ University			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

