



# Employment Application

- ✓ Please complete this application by typing or printing in ink. *INCOMPLETE or UNSIGNED applications will not be considered.*
- ✓ Pondera Medical Center is an Equal Opportunity Employer (EOE-AA-M/F-VET-DISABILITY). We encourage all qualified individuals to apply for employment. We do not discriminate against any applicant or employee based on protected veteran status, race, color, gender, sexual orientation, religion, national origin, age, disability or any other basis protected by applicable law. If you require accommodation to complete the application, testing or interview process, please call (406) 271-3211.

**NOTE:** all applications are reviewed and only the most qualified candidates are contacted for further consideration and interview.

Position(s) Applied For: _____	Desired Hourly Rate: _____
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PLEASE TYPE OR PRINT CLEARLY AND COMPLETE APPLICATION EVEN IF YOU ATTACH A RESUME.

**Personal Data**

**Full Name:** \_\_\_\_\_

List all last names used within the last 7 years: \_\_\_\_\_

**Present Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Education**

High School Diploma or GED?  Yes  No Name of High School \_\_\_\_\_

Name of school beyond High School: \_\_\_\_\_

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

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

**License and/or Certifications (For positions requiring licensure or certification, please complete the following:**

License/Certification(s)	State	Registration #	Expiration Date

**Special Skills: List skills such as equipment, tools, machinery or office equipment operated, training programs, or any other qualifications that have a direct reflection on the job(s) applied for.**


**Work Experience (List most recent work experience first) All information requested is required ( not optional ).**

Company Name:		Immediate Supervisor:		
Address:	City	State	Zip	Phone:
Job Title:	Start Date:		End Date:	
Job Duties:	* (required) Hourly Rate:			
Reason For Leaving:				

Company Name:		Immediate Supervisor:		
Address:	City	State	Zip	Phone:
Job Title:	Start Date:		End Date:	
Job Duties:	Hourly Rate:			
Reason For Leaving:				

Company Name:		Immediate Supervisor:		
Address:	City	State	Zip	Phone:
Job Title:	Start Date:		End Date:	
Job Duties:	Hourly Rate:			
Reason For Leaving:				

**General Information – Answer all questions**

Do you have relatives or friends working here? YES  NO  **If Yes**, please indicate names and relationship:

\_\_\_\_\_

Have you worked for PMC before? YES  NO  **If YES**, please list dates and positions:

\_\_\_\_\_

Have you ever had a professional license disciplinary action, or has your license ever been revoked, suspended, restricted, or modified in any State and / or Have you been listed as excluded from working in a Medicaid or Medicare facility by the OIG?

YES  NO  **If Yes to either question**, attached full details.

Have you been convicted of, pled guilty to, or been confined for any criminal offense within the past seven (7) years?

YES  NO  **If Yes**, please attach full details.

**AVAILABILITY:** Full-Time  Part-Time  Work When you are needed/PRN  Temporary  ( how many months: \_\_\_\_\_ )

Indicate shift preference ( 1, 2, 3<sup>rd</sup> priority) \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ No Preference

Days available to work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

**Shift preference:** \_\_ 4 hours \_\_ 8 hours \_\_ 10 hours \_\_ 12 hours **Rotate shifts** Yes  No  / **Weekends** Yes  No

**References (At least two business references – do not list relatives as references)**

Name	Address	Phone

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

**AUTHORIZATION, VERIFICATION, RELEASE, AND SIGNATURE:**

1. I authorize the investigation of all matters, including criminal background check, which PMC deems relevant to my qualifications for employment, including all statements made in this application, in any attachments or supporting documents, and in any interviews. I authorized PMC to request and receive such information regarding me and my former employment, education, and training, and I release from all liability any persons (such as former supervisors, employers, or co-workers) supplying it. I also release PMC from all liability, which might result from making the investigation.
2. I certify that the facts and information in this application, in any attachments or supporting documents, and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.
3. **Pondera Medical Center is a Drug and Alcohol Free Work Place.** I understand and I agree that I may be required to submit to drug and alcohol testing, if I am offered a job, but before I become an employee. I authorize the release of the results of the tests described above to use to evaluate my qualifications of employment. I also hereby release PMC from all liability arising out of or connected with any drug and alcohol testing.
4. **I understand this application is not intended to be a contract of employment. I further understand that any employment the facility may offer me may be terminated at any time before the 6 month probationary period ends.**
5. **Compliance Plan and Code of Conduct: Pondera Medical Center is dedicated to the highest ethical standards as it is essential to meeting our commitment to our mission and vision. Individual responsibilities include adhering to our organizational Compliance Plan and Code of Conduct.**
  - (A) Maintains awareness and understands the organization-wide compliance plan. Familiar with and adheres to Pondera Medical Center’s published Code of Conduct which provides guidance and expectations regarding confidentiality, conflict of interest, billing, controlled substances, Emergency Medical Treatment and Labor Act (EMTALA), payments for referrals, gifts, anti-kickback laws, safety and health, waste disposal, and compliance with antitrust laws, advertising and marketing, discrimination, insider trading and government requests.
  - (B) Reports any violation or suspected violation of this Code or other hospital policies or procedures to supervisor, Compliance Officer or through the compliance hotline.
  - (C) Attends and/or completes mandatory training regarding organizational compliance.
6. I have read each of these statements. I have also reviewed all of the information provided in this application and any attachments or supporting documents.                      YES                      NO

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Thank you for your interest in Pondera Medical Center. Please feel free to attach your resume or any additional information which may be helpful in evaluating your qualifications and return your application via:**

**E-mail to:** [hr@ponderamedical.org](mailto:hr@ponderamedical.org)  
 Deliver in person or mail to:  
 Logan Health - Conrad  
 Attn: Human Resources  
 805 Sunset Blvd. Conrad, MT 59425  
 Or fax to: (406) 271-3917    Revised: 07/28/2021