



# EMPLOYMENT APPLICATION

Please complete this application and return to Human Resources or email to [hr@pchospital.us](mailto:hr@pchospital.us)  
Phillips County Hospital is an equal employment employer. If you need accommodations for the application or hiring process please contact Human Resources (406) 654-1100.

## PERSONAL DATA

Full Name \_\_\_\_\_

Present Address \_\_\_\_\_  
Street / P.O. Box City State Zip Code

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employee Referral \_\_\_\_\_

## EDUCATION

High School Diploma/GED/HiSET? Yes No

**Name** **Location** **Phone** **Diploma/Degree/Specialization**

High School \_\_\_\_\_

College/University \_\_\_\_\_

Courses & Training \_\_\_\_\_

## WORK EXPERIENCE *(List most recent work experience first.)*

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Company Address \_\_\_\_\_  
Street / P.O. Box City State Zip Code

Job Title \_\_\_\_\_ Phone \_\_\_\_\_

Job Description (duties, skills, equipment used)

Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
From (mm/yy) To (mm/yy)

## WORK EXPERIENCE

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Company Address \_\_\_\_\_  
Street / P.O. Box City State Zip Code

Job Title \_\_\_\_\_ Phone \_\_\_\_\_

Job Description (duties, skills, equipment used)

Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
From (mm/yy) To (mm/yy)

## WORK EXPERIENCE

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Company Address \_\_\_\_\_  
*Street / P.O. Box* *City* *State* *Zip Code*

Job Title \_\_\_\_\_ Phone \_\_\_\_\_

Job Description (duties, skills, equipment used)

Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
*From (mm/yy)* *To (mm/yy)*

## ADDITIONAL INFORMATION

Other Relevant Experience/ Licensure/ Certifications

## REFERENCES *(References should have experience with your work history.)*

Name	Location	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you worked for Phillips County Hospital before? Yes No

Do you want to be informed before we contact your present employer? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please explain and provide dates.

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

Signature \_\_\_\_\_ Date \_\_\_\_\_