

# EMPLOYMENT APPLICATION



**FLEX** family health

3307 GRAND AVE, SUITE 201

BILLINGS, MT 59102

PH. 406-894-2425

CONTACT@FLEXFAMILYHEALTH.COM

## NOTICE TO APPLICANT:

1. Only fully completed applications will be accepted and considered for employment.
2. The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any application for employment in violation of state or federal law.
3. This employer is committed to making reasonable accommodations for any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please attach a description of the request.
4. An applicant who is offered a position, must successfully pass a drug screen test prior to beginning employment.

## PERSONAL INFORMATION

FULL NAME

EMAIL ADDRESS

PHONE NUMBER

FULL STREET ADDRESS

FULL MAILING ADDRESS (if different)

DATE AVAILABLE TO START

POSITION DESIRED

HOW DID YOU LEARN OF THIS POSITION?

DO YOU HAVE A VALID  
DRIVERS LICENSE?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

NO  YES (list date and offense)

YES

NO

## EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE?  YES  NO

HIGH SCHOOL  
(incl. city and state)

COLLEGE

CITY/STATE

COURSE OF STUDY

DEGREE

COLLEGE

CITY/STATE

COURSE OF STUDY

DEGREE

COLLEGE

CITY/STATE

COURSE OF STUDY

DEGREE

**NOTICE: If the position requires a degree, an official transcript verifying the degree is required with the application.**

## PROFESSIONAL SKILLS/LICENSES

CERTIFYING AGENCY	CITY/STATE	LICENSE/CERTIFICATION	DATE	VALID UNTIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CERTIFYING AGENCY	CITY/STATE	LICENSE/CERTIFICATION	DATE	VALID UNTIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CERTIFYING AGENCY	CITY/STATE	LICENSE/CERTIFICATION	DATE	VALID UNTIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE LIST ANY OTHER RELEVANT SKILLS, LICENSES OR CERTIFICATIONS

## EMPLOYMENT EXPERIENCE

*Begin with your present employer or most recent job and list your last four (4) jobs with emphasis on experience that is relevant to the position for which you are applying. List each promotion as a separate position. If you have not had four previous jobs, please just list N/A for the details. Information that you provide on this application is subject to verification.*

*If space provided below is not adequate, you may respond to this section on a separate sheet of paper if all questioned are answered and the same format is followed. This information must be completed even if a resume is submitted.*

EMPLOYER NAME	ADDRESS (incl. City/State/Zip)	PHONE NUMBER	IMMEDIATE SUPERVISOR	HOURS PER WEEK	DATES OF EMPLOYMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DESCRIBE DUTIES (JOB TITLE, KNOWLEDGE, SKILLS, ABILITIES REQUIRED, EMPLOYEES SUPERVISED, ACCOMPLISHMENTS, ETC.)

REASON FOR LEAVING

IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT THEM?  
 YES       NO

EMPLOYER NAME

ADDRESS (incl. City/State/Zip)

PHONE NUMBER

IMMEDIATE SUPERVISOR

HOURS PER WEEK

DATES OF EMPLOYMENT

DESCRIBE DUTIES (JOB TITLE, KNOWLEDGE, SKILLS, ABILITIES REQUIRED, EMPLOYEES SUPERVISED, ACCOMPLISHMENTS, ETC.)

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DATES OF EMPLOYMENT

DESCRIBE DUTIES (JOB TITLE, KNOWLEDGE, SKILLS, ABILITIES REQUIRED, EMPLOYEES SUPERVISED, ACCOMPLISHMENTS, ETC.)

REASON FOR LEAVING

# **PROFESSIONAL REFERENCES**

PLEASE LIST THREE PROFESSIONAL REFERENCES WE MAY CONTACT

NAME	RELATIONSHIP	PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# **GENERAL INFORMATION**

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or in any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the Owner of the Company. Both the undersigned, and this company may end the employment relationship at any time, in accordance with applicable law. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal at any time without previous notice. I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional concerning the nature and scope of any report requested by us.

I further understand that my employment with this company shall be probationary for a period of twelve months (or longer in some circumstances), and that at any time during the probationary period and thereafter, my employment relationship with the company is terminable at will for any reason by either party. I also understand that if I am selected for hire, I must successfully pass a drug screen prior to beginning employment.

Employment at Flex Family Health is "at-will" if it does not conflict with state or federal law.

APPLICANT SIGNATURE

DATE

**RETURN COMPLETED APPLICATION TO CONTACT@FLEXFAMILYHEALTH.COM**