



NEW WEST HEALTH SERVICES

**130 Neill Avenue
Helena, Montana 59601-3343**

PHONE: (406) 457-2200

FAX: (406) 457-2299

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of New West Health Services to select applicants on the basis of their qualifications and ability to perform the job. New West Health Services is committed to provide equal employment opportunity in accordance with applicable state and federal law. Please notify us if you need any accommodation or assistance with any part of our application process.

Name:	
Applying for position:	Date:

Mission Statement: To deliver high-quality, customer focused health insurance choices to all Montanans.

PERSONAL INFORMATION

NAME (LAST, FIRST, MI)		SOCIAL SECURITY NO.	
PRESENT ADDRESS (STREET NO.)	CITY, STATE	ZIP CODE	HOW LONG?
IF AT PRESENT ADDRESS LESS THAN SIX MONTHS, GIVE PREVIOUS ADDRESS			HOW LONG?
TELEPHONE NUMBER			
RELATIVES EMPLOYED IN NEW WEST HEALTH SERVICES <input type="checkbox"/> NO <input type="checkbox"/> YES DEPARTMENT			
HOW DID YOU LEARN ABOUT THIS JOB OPENING?			
DO YOU PREFER: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			
WHEN WOULD YOU BE AVAILABLE FOR WORK?	WERE YOU PREVIOUSLY EMPLOYED BY US?	WHEN?	

HAVE YOU BEEN CONVICTED OF A CRIME? IF YES, EXPLAIN. (A conviction does not automatically disqualify you from employment) For purposes of answering this question, a conviction includes a finding of guilty, a plea of guilty, a plea of "no contest" or its equivalent, or a forfeiture of bond. A "crime" includes any criminal offense, with the exception of parking tickets and traffic offenses if: (1) the traffic offense was committed more than three years before the date of this application; and (2) the penalty imposed for the traffic offense was a monetary fine of less than \$100.

Yes _____ No _____

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS	COURSE OR MAJOR
HIGH SCHOOL		
COLLEGE		
POST GRADUATE		
BUSINESS OR TRADE		
OTHER		

OFFICE MACHINES YOU OPERATE PROFICIENTLY:

COMPUTER APPLICATIONS YOU KNOW PROFICIENTLY:

PROFESSIONAL LICENSURE/CERTIFICATION

List	License/ Certification /Registry	Expiration Date
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please use the space below to summarize any additional information necessary to describe your full qualifications.

EMPLOYMENT

1. Begin with most recent employer.
2. List ALL present and past employment or military service. Please attach additional sheets as needed.

FROM		TO		EMPLOYER NAME & ADDRESS	PAY RATE	POSITION	DUTIES & REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.				
				SUPERVISOR'S NAME/PHONE NUMBER			
FROM		TO		EMPLOYER NAME & ADDRESS	PAY RATE	POSITION	DUTIES & REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.				
				SUPERVISOR'S NAME/PHONE NUMBER			
FROM		TO		EMPLOYER NAME & ADDRESS	PAY RATE	POSITION	DUTIES & REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.				
				SUPERVISOR'S NAME/PHONE NUMBER			
FROM		TO		EMPLOYER NAME & ADDRESS	PAY RATE	POSITION	DUTIES & REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.				
				SUPERVISOR'S NAME/PHONE NUMBER			
FROM		TO		EMPLOYER NAME & ADDRESS	PAY RATE	POSITION	DUTIES & REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.				
				SUPERVISOR'S NAME/PHONE NUMBER			

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth on this application are true and complete to the best of my knowledge. I understand that:

If employed, false statements on this application may be cause for discharge.

If employed, the first 365 calendar days of my employment will be a probationary period, during which my employment may be terminated at the will of either myself or New West Health Services on notice to the other, for any reason considered sufficient by the terminating party.

I understand, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with New West Health Services.

This is an application for employment and no employment contract is being offered.

I hereby authorize the release of any employment information requested by New West Health Services.

Signature: _____

HUMAN RESOURCE DEPARTMENT USE ONLY

DATE	APPLICANT INTERVIEWED	INITIALS

COMMENTS: _____
