ALL NATIONS HEALTH CENTER

830 WEST CENTRAL AVENUE | MISSOULA, MT 59801 | (406) 829-9515

For an application to be considered as complete, the following must be turned in to All Nations Health Center for consideration:

	Date Rcv'd / Initials
1. A completed ANHC application	
2. Resume & Cover Letter	
3. Proof of Education required for position (Education Transcripts, Proof of High School Diploma or GED, **and/or** College/Secondary Education Degree	
4. Three (3) Professional References	
5. Proof of Native American Preference*, *as applicable* [via BIA Verification of Indian Preference]	
6. Proof of Valid Montana Driver's License	

Incomplete applications will not be accepted

***Please note** **ANHC is subject to hiring under Indian Preference as outlined in Authority:**
Title 25 United States Code (U.S.C.) §472, §472a, and §479 & Title 42 Code of Federal Regulations (CFR) Part 136, Subpart E

APPLICATION FOR EMPLOYMENT

Position applied for: _____ Date of Application:_____

Section 1 – Personal Data [PLEASE PRINT CLEARLY]

Applicant Name:_____

Address:_____

. _____

[City] [State] [Zip]

Phone Number: _____ Email Address: _____

Are you legally able to perform duties of job applying for? ☐ Yes ☐ No

Do you have a valid MT Driver's License? ☐ Yes ☐ No

Are you legally eligible for employment in the USA? ☐ Yes ☐ No

Are you claiming Native American Preference*? ☐ Yes ☐ No

[If yes, please, provide verification of Tribal Enrollment or Descendancy and attach to this application.]

Are you willing to consent to a pre-employment background check? ☐ Yes ☐ No

If yes, have you ever been convicted of a crime**? ☐ Yes ☐ No

Section 2 – Educational and / or Training

High School Diploma/GED/HiSET? ☐ Yes ☐ No

Name of School: _____ City/State: _____

Highest Level Post-Secondary Degree? ☐ AA ☐ BA/BS ☐ MA ☐ Other: _____

Name of School: _____ City/State: _____

Training Length: _____ Date Completed: _____ Graduated? ☐ Yes ☐ No

Major: _____ Minor: _____

Section 3 – Employment History [List most recent work experience first]

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

[Street] [City/State/Zip]

Job Title: _____ Employment Dates: _____/_____ **to** _____/_____

[MM] [YR] [MM] [YR]

Reason for leaving: _____

Brief Job Description (duties, skills, equipment used, etc.):

_____

_____

_____

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

[Street] [City/State/Zip]

Job Title: _____ Employment Dates: _____/_____ **to** _____/_____

[MM] [YR] [MM] [YR]

Reason for leaving: _____

Brief Job Description (duties, skills, equipment used, etc.):

_____

_____

_____

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

[Street] [City/State/Zip]

Job Title: _____ Employment Dates: _____/_____ **to** _____/_____

[MM] [YR] [MM] [YR]

Reason for leaving: _____

Brief Job Description (duties, skills, equipment used, etc.):

_____

_____

_____

Section 4–Additional Information, that could help you qualify for this position [Use additional pages, if needed]

Job-related/Professional Volunteer Work: _____

[Organization/Position] [City/State]

Phone: _____ Supervisor: _____Dates:_____/_____to_____/_____

Licenses, Certificates, Special Skills, etc.: _____

_____

_____

_____

Section 5 – References [Professional References preferred]		
Name	**Phone Number**	**Relationship**

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. I understand that if employed, any false statement on this application can be considered cause for dismissal. I have received notice that a criminal background check will be conducted, prior to employment. I understand my right to obtain a copy of any criminal history report made available to the All Nations Health Center and my right to challenge the accuracy and completeness of any information contained in the report. I authorize the release of information from past employers as part of the screening process and hold the All Nations Health Center harmless from obtaining and utilizing that information.

_____ _____

Signature of Applicant **Date**

ANHC pre-employment screening does not limit decision based on applicant's disclosure of protected class status and/or criminal history. ANHC does not discriminate based on race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin *(per Section 49-3-202, MCA).* **Any disclosure of criminal history, including a conviction of a crime is not an automatic bar to employment.