



# FALLON MEDICAL COMPLEX

202 S. 4th St. W • Box 820

Baker, Montana 59313

Hospital (406) 778-3331 • Clinic (406) 778-2833 • FAX (406) 778-2488

FALLON MEMORIAL HOSPITAL  
MEMORIAL NURSING HOME  
HOME CARE SERVICES  
COMMUNITY CLINIC  
PARKVIEW RETIREMENT CENTER  
FALLON DENTAL CLINIC

Dear Fallon Medical Complex Job Applicant:

Please provide your dated signature in the box at the bottom of this form. We will complete the top portion of the form as needed to request past and/or present employment/education history during the employment appreciation process. Thank you.

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## AUTHORIZATION TO RELEASE INFORMATION

ATTENTION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

The individual listed below has applied for employment at Fallon Medical Complex and has authorized the release of any information you may have in regard to his/her past employment/education record. We appreciate your assistance as we place great importance on the thorough screening of all our applicants.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Employment Dates

I have applied for a position with Fallon Medical Complex and would like them to be fully advised of my employment/education record. Therefore, I hereby release the above listed employer from any and all liability of potential damages for disclosure of information provided to Fallon Medical Complex.

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

\_\_\_\_\_  
Date