

Application for Employment



(Please Print)

Position(s) Applied For:

Last Name	First Name	Middle Name
Address	City	State Zip
Telephone Number(s)	Email Address:	Social Security Number (Voluntary)

Best time to contact you is:	_____	AM/PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	___ Yes	___ No
Have you ever filed an application with us before? <i>If Yes, provide date:</i> _____	___ Yes	___ No
Have you ever been employed with us before? <i>If Yes, provide date:</i> _____	___ Yes	___ No
Do any of your friends or relatives work here? <i>If Yes, state name and relationship:</i> _____	___ Yes	___ No
Are you currently employed?	___ Yes	___ No
May we contact your present employer?	___ Yes	___ No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	___ Yes	___ No
Date available for work _____	What is your desired wage range? _____	to _____
Are you available to work:		
___ Full Time	___ Part Time	___ Mornings ___ Afternoons ___ Evenings
___ Weekends	___ Temporary	(Please indicate dates available (___aa - ___aaaa)
Are you currently on layoff status and subject to recall?	___ Yes	___ No
Can you travel if the job requires it?	___ Yes	___ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

School	Name and Address of School	Course of Study	Years Completed	Diploma \ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work Performed	
	From	To		
Address:				
Telephone Number(s):				
Starting/Present Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	May we contact? __ Yes**** __No			
Employer:	Dates Employed			
	From	To		
Address:			Work Performed	
Telephone Number(s):				
Starting/Present Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	May we contact? __ Yes**** __No			
Employer:	Dates Employed			
	From	To		
Address:				Work Performed
Telephone Number(s):				
Starting/Present Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	May we contact? __ Yes**** __No			
Employer:	Dates Employed			
	From	To		
Address:			Work Performed	
Telephone Number(s):				
Starting/Present Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	May we contact? __ Yes**** __No			
Employer:	Dates Employed			
	From	To		

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

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SPECIALIZED SKILLS *(Skills/Licenses/Certifications)*

<input type="checkbox"/> Terminal	<input type="checkbox"/> Excel	Licenses	Certifications
<input type="checkbox"/> PC	<input type="checkbox"/> MS Word		
<input type="checkbox"/> MAC	<input type="checkbox"/> Accounting Software		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		

State any additional information you feel may be helpful to us in considering your application.

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in *this* application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed ; 2 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, I must be able to pass a comprehensive 10 year background investigation and submit to finger printing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

<hr/>	<hr/>
Signature of Applicant	Date

APPLICANT SURVEY

Name: _____

Date: _____

Position Applied For: _____

The following information is being collected in compliance with state and federal law. This information will be separated from the application and *will not be used in making any hiring decisions*. Thank you for your cooperation.

Are you of Hispanic or Latino origin? A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race?

Yes, I am of Hispanic or Latino origin

Select one or more of the following racial categories:

American Indian / Alaskan Native

Asian

Black or African American

Hawaiian / Pacific Islander

White

Choose not to self-identify

I am:

Male

Female

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, sexual orientation, gender identity national origin, age, marital status, medical condition or disability. "The dignity of the human being is inviolable." Montana Constitution Art. II, §4.