



PO Box 7609
 MISSOULA, MT 59807
 PHONE: (406) 721-5600
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EMPLOYMENT APPLICATION

(PLEASE PRINT OR TYPE ALL ANSWERS)

PLEASE ANSWER ALL QUESTIONS

FOR OFFICE USE ONLY	
Date Received	_____
Interview Date	_____ Time _____
Exam Date	_____ Time _____
Hire Date	_____ Wage Rate _____

PERSONAL DATA

Name _____ Social Security No. _____

Present Address _____

City _____ State _____ Zip/Postal Code _____

Telephone No. Home _____ Business _____ Cell _____

Position applied for _____

Date available for employment _____ Salary Desired _____

Are you available to work overtime? _____ Are you applying for full time part time temporary

Indicate applicable work skills:

Typing _____ WPM Keypunch _____ SPH Word Processor _____ (System) Transcription yes no

Other job related skills _____

Have you ever been employed by this organization? yes no

If yes, position _____ Department _____ From _____ To _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? yes no

After a conditional offer of employment, are you willing to undergo a physical exam? yes no

Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (note: Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.) yes no If yes, explain _____

EDUCATION

School – Draw circle around highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

School: Name and Address	Course of Study/Diploma Degree	Did you graduate?	Dates Attended College	
		<input type="checkbox"/> yes <input type="checkbox"/> no	From	To
High School				
College		<input type="checkbox"/> yes <input type="checkbox"/> no		
Advanced Degrees		<input type="checkbox"/> yes <input type="checkbox"/> no		
Technical, Business or Professional		<input type="checkbox"/> yes <input type="checkbox"/> no		

Professional licenses/certifications

Type	State	Registration #	Do not write in this space	
			Verification	Date of Expiration

If you do not have a required registration or license, have you applied for one? yes no

If an examination is required, what date are you scheduled to take the examination? _____

PREVIOUS EXPERIENCE

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.	FROM	TO	Immediate Supervisor	Last Salary Hourly, Monthly, or Yearly
Job title _____				
Employer name, address, & telephone _____				
Duties _____				
Reason for leaving _____ May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no				

Job title _____				
Employer name, address, & telephone _____				
Duties _____				
Reason for leaving _____ May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no				

Job title _____				
Employer name, address, & telephone _____				
Duties _____				
Reason for leaving _____ May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no				

Is there any additional information relative to change in name necessary to check your work history? yes no

If yes, please explain _____

REFERENCES

Please list work references.

	Name	Title/Occupation	Company/Address	Telephone No.
1.				
2.				
3.				

REMARKS Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or handicap.)

I understand that the information on this employment application has been requested for purposes of evaluating my qualifications in regard to the requirements of the specified position.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations name in this application (and accompanying resume, if any) to provide relevant information that may be required to arrive at an employment decision.

I release all persons connected with furnishing such information from all claims, liabilities, and damages for whatever reason, arising out of furnishing such information.

Date _____ Signature _____