



P.O. Box 549  
Seeley Lake, MT 59868

**APPLICATION FOR EMPLOYMENT**  
*WE ARE AN EQUAL OPPORTUNITY EMPLOYER*

Please Complete Each Item

(Please Print)

Date of Application \_\_\_\_\_

A. NAME: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Last) (First) (Middle)

B. RESIDENCE:

- 1. Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)
- 2. Telephone: \_\_\_\_\_

C. PERSONAL DATA:

- 1. Are you age 18 or older? YES ( ) NO ( )
- 2. In case of emergency, please notify:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Telephone: \_\_\_\_\_
- 3. Citizenship: Will you be able to provide proof of identity and employment eligibility if hired? YES ( ) NO ( )
- 4. For Driving Jobs Only: Do you have a valid drivers license? YES ( ) NO ( )  
License # \_\_\_\_\_ Class: \_\_\_\_\_
- 5. Have you ever been convicted of a crime for which you were fined \$100 or more and/or confined in jail for more than one day within the past seven years? (NOTE: A conviction record will not necessarily bar employment. YES ( ) NO ( )  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

D. EDUCATIONAL AND TRAINING BACKGROUND:

- 1. Circle the highest grade completed: Grade 1 2 3 4 5 6 7 8; High School 1 2 3 4; College 1 2 3 4 5
- 2. Name of High School: \_\_\_\_\_  
Name of College: \_\_\_\_\_ Did you Graduate? YES ( ) NO ( )
- 3. Graduate Work: \_\_\_\_\_
- 4. Apprentice or Trade School Training: \_\_\_\_\_  
(Years/Months) (Year Completed) (Subject) (School or Company)
- 5. Correspondence Training: \_\_\_\_\_  
(Years/Months) (Year Completed) (Subject) (School or Company)
- 6. Armed Forces or Other Training: \_\_\_\_\_  
(Years/Months) (Year Completed) (Subject)
- 7. First Aid Certificates:
  - a. Cardiopulmonary Resuscitation (CPR), Date on Card: \_\_\_\_\_
  - b. Standard First Aid Training, Date on Card: \_\_\_\_\_
  - c. Emergency Medical Technician (EMT), Date on Card: \_\_\_\_\_
 Dates verified by \_\_\_\_\_

E. EMPLOYMENT DESIRED:

1. Positions Desired (preference order): 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Regular Employee YES ( ) NO ( ); Temporary Employee YES ( ) NO ( );

Part-Time Employee YES ( ) NO ( )

If seeking temporary employment only, when would you expect to terminate? \_\_\_\_\_

Date you can start? \_\_\_\_\_ Salary or wage desired? \_\_\_\_\_

2. Are you willing to accept odd (nights, graveyard or weekend) or rotating shift hours? YES ( ) NO ( )
3. Are you employed now? YES ( ) NO ( ) If yes, may we inquire of your present employer? YES ( ) NO ( )
4. Ever applied to this Company before? YES ( ) NO ( ) If yes, when and where? \_\_\_\_\_
5. May we inquire of any of your past employers? YES ( ) NO ( )

F. EMPLOYMENT HISTORY:

1. Have you worked for this Company previously? YES ( ) NO ( ) If yes, give dates: \_\_\_\_\_

Job or Jobs: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Other Employment:

Current or last employer	Telephone	Street	City	State	Zip	Wage or Salary
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a. \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Nature of Work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Next previous	Telephone	Street	City	State	Zip	Wage or Salary
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b. \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Nature of Work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Next previous	Telephone	Street	City	State	Zip	Wage or Salary
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c. \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Nature of Work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

G. PAST EXPERIENCE:

1. I have performed the following jobs for which I am presently qualified: (List in order of skill)

Job	How Long Performed	For Whom
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU ANSWERED EACH ITEM

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. IF EMPLOYED, I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT IT MAY BE CONDITIONED UPON MY SUCCESSFULLY PASSING A COMPLETE PRE-EMPLOYMENT PHYSICAL EXAMINATION. I CONSENT TO THE RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO JUDGE MY CAPABILITY TO DO WORK FOR WHICH I AM APPLYING. I AGREE TO COMPLY WITH THE EMPLOYER'S SUBSTANCE ABUSE PROGRAM, INCLUDING DRUG AND/OR ALCOHOL TESTING AS MAY BE REQUIRED.

IF EMPLOYED, I AGREE TO CONFORM TO THE RULES OF THIS COMPANY, AND HEREBY ACKNOWLEDGE THAT MY EMPLOYMENT WITH THE COMPANY CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT NOTHING CONTAINED IN ANY EMPLOYEE HANDBOOK OR POLICY STATEMENT NULLIFIES OR MODIFIES THE FOREGOING EMPLOYMENT AT WILL POLICY.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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## INVITATION TO SELF-IDENTIFY

This employer is a Government contractor subject to Executive Order 11246, as amended. In accordance with the Executive Order, we will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. This order also requires Government contractors to take affirmative action to ensure that applicants are employed, without regard to their race, color, religion, sex, or national origin.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except the Government officials engaged in enforcing laws administered by OFCCP may be informed. This information provided would be used only in ways that are not inconsistent with Executive Order 11246, as amended.

I IDENTIFY MYSELF AS:

VETERAN OF THE VIETNAM ERA OR ANY OTHER VETERAN WHO SERVED ON ACTIVE DUTY DURING A WAR OR IN A CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED:

A person who:

- (a) served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge; or (b) was discharged from active duty for a service-connected disability if any of such active duty was performed between August 5, 1964, and May 7, 1975; or (c) served on active duty for more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge; or (d) served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

YES

NO

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Male

Female

White

African American

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_