

P.O. Box 2311
Col. Falls, MT, 59912
(406)892-5025
Fax: (406) 892-1908

APPLICATION FOR EMPLOYMENT

Name _____
Last First M.I.

MAILING ADDRESS: _____

PHONE #: (_____) _____ - _____

DATE YOU ARE AVAILABLE TO START WORK: ____/____/____

Do you have any experience, skills, or qualifications, which you feel, would especially fit you for work with us?

DATES TO FROM	NAME & ADDRESS OF EMPLOYER	RATE OF PAY	SUPERVISOR NAME & TITLE	REASON FOR LEAVING

May we contact the employer(s) listed above? _____ YES _____ NO if no, indicate which one(s) you do not wish us to contact. _____

Are you 14 years of age or older? _____ YES _____ NO

Please describe your greatest accomplishment in the last year _____

Can you work Weekends _____ Availability F/T _____ P/T _____ AM _____ PM _____

If hired do you have a way to work on a regular basis? _____

Position applying for? _____

What is your Social Security Number? _____ - _____ - _____

Describe what you do for fun? Hobbies and Interests _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME _____ ADDRESS _____

HOME PHONE (_____) _____ - _____ WORK PHONE (_____) _____ - _____

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆ PLEASE ATTACH RESUME AND PICTURE IF AVAILABLE ◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆

PLEASE READ CAREFULLY --- APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if falsified statements on this application or failure to adhere to Company Policies shall be considered sufficient cause for dismissal.

Applicant's Signature _____

Date _____