

WHITEFISH
5015 HWY 93 SOUTH
WHITEFISH, MT 59937
(406) 862-4050 / (406) 862-7403 FAX



KALISPELL
3560 HWY 93 SOUTH
KALISPELL, MT 59901
(406) 752-8202 / (406) 257-5099 FAX

COLUMBIA FALLS
310 HWY 2 EAST
COLUMBIA FALLS, MT 59912
(406) 892-4044 / (406) 892-4722 FAX

POLSON
7TH AND MAIN
POLSON, MT 59860
(406) 883-9393 / (406) 883-9394 FAX

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) * (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME: _____ S.S.#: _____
FIRST MIDDLE LAST

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO: _____ ARE YOU 18 YEARS OR OLDER? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____

EMPLOYMENT DESIRED

POSITION: _____ DESIRED WAGE: _____

DATE YOU CAN START: _____ EMPLOYMENT DESIRED: FULL-TIME _____ PART-TIME _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? Yes _____ No _____ (Where? _____ / When? _____)

ARE YOU CURRENTLY EMPLOYED? Yes _____ No _____ MAY WE CONTACT YOUR EMPLOYER? Yes _____ No _____

EMPLOYER: _____ PHONE NO: _____ SUPERVISOR: _____

EDUCATION

EDUCATION LEVEL	SCHOOL NAME & LOCATION	NO. YEARS ATTENDED	SUBJECTS STUDIED	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
BUSINESS/TRADE SCHOOL				
OTHER (PLEASE SPECIFY)				

GENERAL

AN APPLICATION FORM SOMETIMES MAKES IT DIFFICULT FOR AN INDIVIDUAL TO ADEQUATELY SUMMARIZE A COMPLETE BACKGROUND. USE THE SPACE PROVIDED BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING.

RELEVANT SKILLS AND EXPERIENCE: _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST YOUR PREVIOUS THREE EMPLOYERS: STARTING WITH THE MOST RECENT FIRST)

DATE EMPLOYED	NAME AND ADDRESS OF EMPLOYER	SALARY/WAGE	POSITION	REASON FOR LEAVING
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

REFERENCES (GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE NO.	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ PHONE NO: _____ RELATIONSHIP: _____

ADDRESS: _____
STREET CITY STATE ZIP

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION.

I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.

IF YOU AGREE TO ALL TERMS LISTED ABOVE, PLEASE SIGN AND DATE BELOW.

SIGNATURE OF APPLICANT: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS:

DID THEY HAVE THE SKILLS REQUIRED: YES ___ NO ___ WERE THEY PUNCTUAL: YES ___ NO ___ DID THEY HAVE PRIOR EXPERIENCE: YES ___ NO ___ HIRED: YES ___ NO ___

POSITION: _____ SALARY/WAGE: _____ START DATE: _____