

# EMPLOYMENT APPLICATION

Administration Office  
PO Box 1530  
Miles City, MT 59301



Position(s) Applied For \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

## GENERAL INFORMATION

Type of Employment Desired:  Full-time  Part-time  Temporary

Available for:  Weekdays  Weekends  Evenings  Holidays  Rotating Shifts  On-Call

On what date would you be available for work? \_\_\_\_\_

Were you previously employed by this organization?  Yes, Date(s) & Position \_\_\_\_\_  No

Do you have any relatives employed by this organization?  Yes  No If yes, name of relative? \_\_\_\_\_

Are you over 18 years of age?  Yes  No If no, please list your age. \_\_\_\_\_

Are you able to perform the job(s) for which you are applying?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of crime, and rehabilitation will be considered.*

EMPLOYMENT HISTORY

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Job Description: \_\_\_\_\_

Dates of Employment: Start \_\_\_\_\_ End \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Can we contact?  Yes  No

Person to Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Job Description: \_\_\_\_\_

Dates of Employment: Start \_\_\_\_\_ End \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Can we contact?  Yes  No

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Job Description: \_\_\_\_\_

Dates of Employment: Start \_\_\_\_\_ End \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Can we contact?  Yes  No

Person to Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Special skills, qualifications, experience and abilities relevant to the position for which you have applied.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Type of School	Name of School	Location	Did you graduate?	Major & Degree
High School				
College				
Other				

**REFERENCES**

Name	Address	Phone Number	Years Known
1. _____			
2. _____			
3. _____			

**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with EMCMHC is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from EMCMHC services, whenever it is discovered.

I expressly authorize EMCMHC and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding EMCMHC or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that EMCMHC does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

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

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

**EMCMHC IS AN EQUAL OPPORTUNITY EMPLOYER.  
WE DO NOT DISCRIMATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS,  
MILITARY STATUS, OR DISABILITY.**