

**Application for Employment
Butte 4-C's
101 N. Main
Butte, MT 59701**

Please Print

Position(s) Applied for: _____

Referral Source Advertisement Employee Relative
 Job Service Walk-in Private Agency
 Other

Name _____

Address _____

Telephone # _____ Best time to call _____

Work # _____ May we call you at work _____

Have you ever filed an application here before? _____

If yes, when _____

Have you ever been employed here before? _____

If yes, when _____

Are you legally eligible for employment in this country? _____

Date available for employment _____

Type of Employment desired Full-time Part-time
 Temporary

Are you on lay-off or subject to recall? _____

Will you travel if the job requires it? _____

Will you work overtime if required? _____

Have you been convicted of a felony in the last seven (7) years? _____

If yes, please explain _____

Do you possess a valid Montana Drivers License? _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experiences.
Explain any gaps in employment in comment space below.

Employer	Telephone # ()	Dates Employed		Summarize Work performed
		From	To	
Address				
Job Title				
Immediate Supervisor				
Reason For Leaving				
May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer	Telephone # ()	Dates Employed		Summarize Work performed
		From	To	
Address				
Job Title				
Immediate Supervisor				

Reason For Leaving	
May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Telephone # ()	Dates Employed		Summarize Work performed
		From	To	
Address				
Job Title				
Immediate Supervisor				
Reason For Leaving				
May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer	Telephone # ()	Dates Employed		Summarize Work performed
		From	To	
Address				
Job Title				
Immediate Supervisor				
Reason For Leaving				
May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Comments (including explanation of any gaps in employment)

Skills and Qualifications- summarize any special skills, licenses, certifications and/ or characteristics you possess.

Educational Background (If job related)

List last three (3) schools attended, starting with most recent. List number of years completed. Indicate degree or diploma earned, if any. Grade point average or class rank and major and minor field of study (if applicable)

School	Years Completed	Degree Diploma	GPA Class Rank	Major	Minor

References

List names and telephone numbers of three business and/or work references, who are not related to you, and are not previous supervisors. If not applicable, list three (3) school or personal references that are not related to you.

Name	Telephone	Years known
	()	
	()	
	()	

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy to not refuse to hire a qualified individual with a disability because of this person's need for accommodation that would be required by the ADA.

Signature _____

Date _____