

EMPLOYMENT APPLICATION

You are not required to give information on this form where such information is expressly prohibited by Federal, State or local laws and the applicant may exclude those responses that may indicate race, creed, sex, marital status, age, color, national origin, disabilities, military status, ethnicity or union affiliation. Our employment practices are in full accord with State and Federal laws, which prohibit discrimination because of race, color, religion, age, sex, national origin, membership and activities on behalf of a labor organization, disabilities, or ethnicity.

This employment application will only be valid for 30 days from application date. Incomplete applications will not be considered for employment with this company. If a question does not apply to you, print NA, which means "not applicable". False or misleading statements on this employment application will result in its removal from consideration for any current or future employment opportunities with this company.

Desired Position	Application Date
Name	Email
Address	
Phone	Social Security Number - -
Are you currently employed? Where?	<input type="checkbox"/> yes <input type="checkbox"/> no
May we contact your present employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
On what date would you be available for work?	/ /
Can you commit to completing the season?	
Anticipated Hourly Wage?	\$
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment)	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you hold a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no State:	License Number:
Where did you hear of this position?	

EDUCATION

	School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Other (please specify)				

REFERENCES

NAME:	
RELATIONSHIP:	PHONE:
NAME:	
RELATIONSHIP:	PHONE:

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NAME:	
RELATIONSHIP:	PHONE:

EMPLOYMENT EXPERIENCE

Employer		From	To	Work Performed
Address			Telephone	
Job Title	Supervisor			<u>Wage</u>
Reason for Leaving				
Employer		From	To	Work Performed
Address			Telephone	
Job Title	Supervisor			<u>Wage</u>
Reason for Leaving				
Employer		From	To	Work Performed
Address			Telephone	
Job Title	Supervisor			<u>Wage</u>
Reason for Leaving				

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that incomplete employment applications will not be considered. Incomplete does not include any information on this form where such information is expressly prohibited by Federal, State or local laws and where the applicant may exclude those responses that may indicate race, creed, sex, marital status, age, color, national origin, disabilities, military status, ethnicity or union affiliation.

I hereby understand and acknowledge that according to Montana law, if employed, my first six months with the company is a probationary period during which time I may be discharged for any reason with or without cause.

In the event of employment, I understand that, if hired, false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer. Any offer of employment tendered to the applicant by this company is conditional and may be contingent upon successful completion of drug and/or alcohol test and background information.

In the event of employment in a position required to drive a company vehicle, I understand that the company will be requesting through the company's insurance provider a Department of Motor Vehicle report. This information will be used to determine availability of insurance coverage. I understand that initial and continued employment is dependent upon availability of insurance coverage. Employees have the right to dispute the accuracy or completeness of Department of Motor Vehicle reports and background checks.

The signature below indicates acceptance of these application conditions, and authorizes the company or its insurance provider to request a copy of my Department of Motor Vehicle report and/or to conduct a background check.

Applicant Signature

Date