



Employment Application

- ✓ Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, disability, or any other characteristic protected by law.
- ✓ Do you need an accommodation to participate in the application or interview process? Yes No

Community where you are interested in applying for work: Forsyth Glendive Miles City Other _____

Position you are applying for: _____ Full Time Part Time Relief

How did you hear about this position? _____

If your application is considered favorably, on what date will you be available for work? _____

Personal Data

Name _____

Present Address _____ City _____ State _____ Zip _____

Phone (____) _____ - _____ Message Phone (____) _____ - _____ E-mail Address _____

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No

Do you have a valid Montana Driver's License? Yes No

Education (Post-Secondary transcripts will be requested, if hired.)

High School Diploma/GED/HiSET? Yes No Post-Secondary Degree? Yes No

| Name of School | Number of Years Completed | Diploma Earned | Year Graduated |
|----------------|---------------------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Training Information (Documentation of certifications will be requested, if hired.)

| Training | Expiration Date | Training | Expiration Date |
|------------------------------------|-----------------|--|-----------------|
| <input type="checkbox"/> CPR | _____ | <input type="checkbox"/> Med Certification | _____ |
| <input type="checkbox"/> First Aid | _____ | <input type="checkbox"/> Mandt | _____ |

Additional Information That Could Help You Qualify For this Position

Examples include; Classes (include dates), certificates, current licenses, specific equipment and other skills

Vehicle Information (This information is needed if the position requires you to drive.)

Do you have a reliable means of transportation? Yes No

Are you able to provide proof of liability insurance? Yes No

Work Experience (List most recent work experience first.)

Please add additional pages, if needed.

Company Name _____ Immediate Supervisor _____

Complete Address _____

Job Title _____ *Street/P.O. Box* _____ *City* _____ *State* _____ *Zip Code* _____
Phone (____) ____ - _____ May we contact them? Yes No

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ To (mm/yy) ____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____

Complete Address _____

Job Title _____ *Street/P.O. Box* _____ *City* _____ *State* _____ *Zip Code* _____
Phone (____) ____ - _____ May we contact them? Yes No

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ To (mm/yy) ____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____

Complete Address _____

Job Title _____ *Street/P.O. Box* _____ *City* _____ *State* _____ *Zip Code* _____
Phone (____) ____ - _____ May we contact them? Yes No

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ To (mm/yy) ____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____

Complete Address _____

Job Title _____ *Street/P.O. Box* _____ *City* _____ *State* _____ *Zip Code* _____
Phone (____) ____ - _____ May we contact them? Yes No

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ To (mm/yy) ____ Reason for leaving _____

Work-Related References (Supervisors, not co-workers, who know about your work/training)

Name

Address

Phone Number

Have you been convicted of a felony in the past seven years? Yes No If yes, please explain:

Is there a substantiation of abuse, neglect, or exploitation on your child or adult protective services record? Yes No

I certify that all information provided in this employment application is true and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that if I am extended an offer of employment it will be contingent upon favorable background check results.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

Signature: _____ Date: _____

DEAP

2200 Box Elder Street, Suite 151

Miles City, MT 59301

Phone (406) 234-6034

Fax (406) 234-7018

Please complete attached releases and sign before a Public Notary before returning your application.

(Public Notary Services available at DEAP's Miles City location, if needed.)