



**APPLICATION FOR EMPLOYMENT**

Please complete all fields. **INCOMPLETE OR UNSIGNED** applications could disqualify your form future consideration. We are an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, marital status, disability status, protected veteran status or any other legally protected status.

Do you need an accommodation to participate in the application or interview process?

Yes  No

**Position(s) Applied For:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Address: Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

How did you learn About Us?

Advertisement ( )      Friend ( )      Walk-in ( )      Relative ( )  
Employment Agency ( )      Web Site ( )      Other ( )

Are you over ate of 18 years? If no, you may be required to provide required authorization to work.  Yes  No

Have you ever filed an application with us before?  Yes  No  
(If yes, please give date: \_\_\_\_\_ )

Have you ever been employed with us before?  Yes  No  
(If yes, please give date: \_\_\_\_\_ Job Title: \_\_\_\_\_ )

Are you able to perform the essential functions of the job you are applying for?  Yes  No

Are you currently employed?  Yes  No

Are you authorized to legally eligible for employed in the United States?  Yes  No  
*(Proof of identity and eligibility will be required upon employment).*

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

Can you travel if a job requires it?  Yes  No

**Education**

	Elementary School				High School				Undergraduate University				Graduate Professional			
School Name & Location																
Years Completed	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree					Y	N			Y	N			Y	N		
Describe Course of Study																

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any honors you have received:

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Check level of proficiency in the following Windows applications:

	Proficient	Good	Fair
Word			
Excel			
Access			
Quickbooks			
Outlook			
Other software programs (please list below)			

List professional, trade, business, or civic activities and offices held:

*(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)*

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State any additional information you feel may be helpful to us in considering your application:

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**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed From      To	
Address			Telephone
Job Title	Supervisor		Reason for Leaving
Work Performed _____ _____			
Employer		Dates Employed From      To	
Address			Telephone
Job Title	Supervisor		Reason for Leaving
Work Performed _____ _____			
Employer		Dates Employed From      To	
Address			Telephone
Job Title	Supervisor		Reason for Leaving
Work Performed _____ _____			
Employer		Dates Employed From      To	
Address			Telephone
Job Title	Supervisor		Reason for Leaving
Work Performed _____ _____			

**Special Skills and Qualifications**

Please summarize special job-related skills and qualifications acquired from employment or other experience. If you need additional space, please continue on a separate sheet of paper.

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**Applicant's Statement:**

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer?  Yes  No

I attest with my signature below (typed or written), that all information on this application and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview:	<input type="checkbox"/> Yes <input type="checkbox"/> No Interviewer: _____ Date: _____
Remarks:	_____
Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Employment: _____
Job Title:	_____ Department: _____
Hourly rate/salary:	\$ _____
Notes:	_____

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