

Application for Employment

Name _____ Date of Application _____
Last First Middle
 Address _____ City _____ State _____ Zip _____
 Telephone _____ Social Security Number _____

General Information:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) No Yes
 If yes, explain _____

Do you have a valid driver's license? Yes No

As part of the hiring process, a state of Montana motor vehicle record will be reviewed as required by our insurance company for eligibility of coverage on the Clausen and Sons' policy.

Are you willing to travel? Yes No

Education & Training:

Circle last grade completed- Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4
 Masters _____ Doctorate _____

Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)	Average Grade
Last High School Attended/ Address:			
College or University Address:	2480 2nd Street West,	Havre, MT 59501	
Other School (Technical, Vocational, Graduate, etc.) Address:	Phone: (406) 395-5400	Fax: (406) 395-5403	

Skills: Please list any skills you have that are appropriate for the position you are applying for: _____

If required, will you work? Rotating Shifts Yes No Saturdays Yes No
 Overtime Yes No Sundays Yes No

State fully why you believe you are qualified for this position _____

Date you can start / /

Interests/Accomplishments: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or a hobbyist that may be useful in the position(s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned. _____

Employment History

Starting with your most PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past THREE employers. If currently employed, may we contact your employer? Yes No

Present or Most Recent Employer

Full Name of Company	SALARY	EMPLOYED
	Begin/End	From To Mo/Yr Mo/Yr
Street Address	City	State Zip
Name & Title Supervisor	Title of Your Position	
List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed at This Company.		

Full Name of Company	SALARY	EMPLOYED
	Begin/End	From To Mo/Yr Mo/Yr
Street Address	City	State Zip
Name & Title Supervisor	Title of Your Position	
List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed at This Company.		

Full Name of Company	SALARY	EMPLOYED
	Begin/End	From To Mo/Yr Mo/Yr
Street Address	City	State Zip
Name & Title Supervisor	Title of Your Position	
List Jobs Held, Duties Performed, Skills Used, & Promotions While Employed at This Company.		

References To Contact: Please list at least 3 people who can accredit your job skills.

Name	Telephone Number
Name	Telephone Number
Name	Telephone Number

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature _____ Date _____