



# APPLICATION FOR EMPLOYMENT

## Community Action Partnership of Northwest Montana

P.O. Box 88, Kalispell, MT 59903  
(406) 752-6565

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We provide “reasonable accommodations” to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and the ADA Amendments Act.

Where did you hear about this position:  Job Service  CAPNM Web Site  Newspaper  Other \_\_\_\_\_

### PERSONAL

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Date</b>
<b>Mailing Address</b>			<b>Home Phone</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Business Phone</b>
<b>Email Address</b>			
<b>Position Desired</b> (please complete a separate application for each position you are applying for)		<b>Social Security Number</b>	<b>Are you legally eligible to be employed in the United States?</b> ___ Yes ___ No
<b>Are you available for full-time work?</b> ___ Yes ___ No <b>If not, what hours can you work?</b>			<b>Are you over the age of 18?</b> ___ Yes ___ No
<b>When will you be available to start?</b>			
<b>Other special training or skills (Languages, machine operations, etc.), related to desired position:</b>			
<b>Have you ever been convicted of a felony*?</b> ___ Yes ___ No <b>If yes, state nature of offense, when, where, and disposition.</b>			
*A conviction will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.			

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**ENTIRE EMPLOYMENT HISTORY:**

- ◆List last position held first.
- ◆Attach additional information if necessary.
- ◆Account for any gaps in your employment.

**1.**

Company Name _____	Telephone _____
Address _____	Employed (State Month and Year) From _____ To _____
Name of Supervisor _____	
Your Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving:  

**2.**

Company Name _____	Telephone _____
Address _____	Employed (State Month and Year) From _____ To _____
Name of Supervisor _____	
Your Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving:  

**3.**

Company Name _____	Telephone _____
Address _____	Employed (State Month and Year) From _____ To _____
Name of Supervisor _____	
Your Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving:  

**4.**

Company Name _____	Telephone _____
Address _____	Employed (State Month and Year) From _____ To _____
Name of Supervisor _____	
Your Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving:  

We may contact the employers listed above unless you indicate those you do not want us to contact

**DO NOT CONTACT**

Employer: \_\_\_\_\_  
Reason: \_\_\_\_\_

**ENTIRE EMPLOYMENT HISTORY:**

- ◆List last position held first.
- ◆Attach additional information if necessary.
- ◆Account for any gaps in your employment.

**5.**

Company Name _____	Telephone _____
Address _____	Employed (State Month and Year) From _____ To _____
Name of Supervisor _____	Reason for Leaving:  _____  _____
Your Job Title and Describe Your Work: _____ _____ _____	

**6.**

Company Name _____	Telephone _____
Address _____	Employed (State Month and Year) From _____ To _____
Name of Supervisor _____	Reason for Leaving:  _____  _____
Your Job Title and Describe Your Work: _____ _____ _____	

**7.**

Company Name _____	Telephone _____
Address _____	Employed (State Month and Year) From _____ To _____
Name of Supervisor _____	Reason for Leaving:  _____  _____
Your Job Title and Describe Your Work: _____ _____ _____	

**8.**

Company Name _____	Telephone _____
Address _____	Employed (State Month and Year) From _____ To _____
Name of Supervisor _____	Reason for Leaving:  _____  _____
Your Job Title and Describe Your Work: _____ _____ _____	

We may contact the employers listed above unless you indicate those you do not want us to contact

**DO NOT CONTACT**

Employer: \_\_\_\_\_  
Reason: \_\_\_\_\_

## EDUCATION

SCHOOL	Name and Location of School	Course of Study	# of Years Completed	Type of Degree/Diploma
College	_____ _____			
High School	_____ _____			
Other	_____ _____			

### MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin)


### PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS

Type	Issuing State	Number	Issue Date	Expiration Date

### PERSONAL REFERENCES (not former employers or relatives)

Name and Occupation	Address	Phone Number

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) can be justification of refusal of employment, or, if employed, result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature



# Consent to Release Driving Record & Non-identifiable Personal Information Request

PLEASE PRINT P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816 • [driverlicense@mt.gov](mailto:driverlicense@mt.gov) • [mvdmt.gov](http://mvdmt.gov)

This form authorizes the Department of Justice, Motor Vehicle Division, to release my driving record to another person or entity.

Name on Driving Record: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residing at: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize the Department of Justice to release my driving record to the following individual or entity:

Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify under penalty of law (§ 45-7-203, MCA Unsworn Falsification to Authorities):

- I have read the Montana Driver Protection Act, § 61-11-501 through 61-11-516, MCA, and I understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMUNITY ACTION PARTNERSHIP OF NORTHWEST MONTANA**

**BACKGROUND CHECK AUTHORIZATION**

I, \_\_\_\_\_, give Community Action Partnership of Northwest Montana permission to verify my driving record, educational background, and conduct a criminal background check.

I also give Community Action Partnership of Northwest Montana permission to check my employment and personal references.

(Please Print)

FULL NAME: \_\_\_\_\_

MAIDEN NAME (if applicable): \_\_\_\_\_

OTHER FORMER NAMES (list all, if applicable): \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date