



APPLICATION FOR EMPLOYMENT
Community Action Partnership of NW MT
P.O. Box 8300, 214 Main Street, Kalispell, MT 59904-1300
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

Last Name	First	Middle	Date
Mailing Address			Home Phone
City	State	Zip Code	Business Phone
Email Address			
Position Desired (please complete a separate application for each position you are applying for)		Social Security Number	Are you legally eligible to be employed in the United States? ___ Yes ___ No
Are you available for full-time work? ___ Yes ___ No If not, what hours can you work?			Are you over the age of 18? ___ Yes ___ No
When will you be available to start?			
Other special training or skills (Languages, machine operations, etc.), related to desired position: _____			
Have you ever been convicted of a felony*? ___ Yes ___ No			
If yes, state nature of offense, when, where, and disposition.			
*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 _____	_____
Your Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving:

6.

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

7.

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

8.

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: _____

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