



# APPLICATION FOR EMPLOYMENT

## Community Action Partnership

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.

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

### PERSONAL

Last Name		First	Middle	Date
Mailing Address				Home Phone ( )
City	State	Zip Code	Business Phone ( )	
Position Desired		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.

<b>Company Name</b> _____ <b>Address</b> _____	<b>Telephone</b> (____) _____ <b>Employed (State Month and Year)</b> From _____ To _____
<b>Name of Supervisor</b> _____	<b>Weekly Pay</b> Start _____ Last _____
<b>Your Job Title and Describe Your Work:</b> _____ _____ _____	<b>Reason for Leaving:</b> _____ _____

2.

<b>Company Name</b> _____ <b>Address</b> _____	<b>Telephone</b> (____) _____ <b>Employed (State Month and Year)</b> From _____ To _____
<b>Name of Supervisor</b> _____	<b>Weekly Pay</b> Start _____ Last _____
<b>Your Job Title and Describe Your Work:</b> _____ _____ _____	<b>Reason for Leaving:</b> _____ _____

3.

<b>Company Name</b> _____ <b>Address</b> _____	<b>Telephone</b> (____) _____ <b>Employed (State Month and Year)</b> From _____ To _____
<b>Name of Supervisor</b> _____	<b>Weekly Pay</b> Start _____ Last _____
<b>Your Job Title and Describe Your Work:</b> _____ _____ _____	<b>Reason for Leaving:</b> _____ _____

4.

<b>Company Name</b> _____ <b>Address</b> _____	<b>Telephone</b> (____) _____ <b>Employed (State Month and Year)</b> From _____ To _____
<b>Name of Supervisor</b> _____	<b>Weekly Pay</b> Start _____ Last _____
<b>Your Job Title and Describe Your Work:</b> _____ _____ _____	<b>Reason for Leaving:</b> _____ _____

We may contact the employers listed above unless you indicate those you do not want us to contact	<p style="text-align: center;"><b>DO NOT CONTACT</b></p> Employer Number(s) _____ 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 _____	Weekly Pay Start _____ Last _____
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 _____	Weekly Pay Start _____ Last _____
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 _____	Weekly Pay Start _____ Last _____
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 _____	Weekly Pay Start _____ Last _____
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	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ 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)

ADDITIONAL COMMENTS (Special interests, hobbies, other information)

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

THIS INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL AND WILL BE USED ONLY FOR TABULATION OF AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY FORMS.

## STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY

Community Action Partnership will insure all program participants, employees and all applicants for employment and training are treated equally without regard to race, color, religion, national origin, age, marital status, ancestry, receipt of public assistance, political affiliation, physical or mental handicap, ex-offender status, or sex; unless sex, ex-offender status and/or physical or mental handicap relates to the bona fide occupational requirement.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

### RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Ethnic Background: (such are German, English, Scottish, etc.)

\_\_\_\_\_

Physical Handicaps      Yes \_\_\_\_\_ No \_\_\_\_\_

Date completed: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER