  

1001 South 27th Street, Billings, MT 59101 (406) 294-9609

**APPLICATION FOR EMPLOYMENT**

Position for which you are applying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

1. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip)

3. Contact Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Telephone) (Cell) (Email Address)

4. After review of the job description, do you feel you are able to perform all the essential functions of the job with or without reasonable accommodation?  Yes  No

5. **EDUCATIONAL BACKGROUND**

**High School**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Last High School Attended (Please list City & State)** | **Last Grade**  **Completed** | **Diploma** | **GED** |
|  |  |  |  |

**College**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Institution** | **Type of School** | | | **Major Course of**  **Study** | **Degree Received** |
| **2 yr** | **4 yr** | **Voc.** |
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Additional training and educational experience that relates to this position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Do you have a current Montana driver's license?  Yes  No. If you do not have a license, are you eligible for one?  Yes  No. If not please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Are you legally authorized to work in the United States?  Yes  No

8. Are you over the age of 18 (minimum age requirement)?  Yes  No

9. Have you served in the military?  Yes  No. If yes, what skills did you gain that would apply to this position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. Have you ever been convicted of a Criminal Offense?  Yes  No. If "yes", please explain (include dates) \_\_\_\_\_\_\_

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***CONVICTION OF A CRIMINAL OFFENSE IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED.*** *A National Crime Information Center/National Law Enforcement Telecommunications System (NCIC/NLETS), Fingerprint Criminal Records, and other appropriate background checks will be processed by the Bureau of Prisons to verify information given on this application. Failure to fully and accurately disclose information related to violations of local, state, and federal laws may render an applicant ineligible for hire.*

11. Have you ever worked for Alternatives, Inc. before?  Yes  No. If “yes”, please list when and under what name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. How did you hear about this position opening? 🞎 Newspaper ad 🞎 Television ad 🞎 Friend/Family

🞎 Website - please list which one \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Alternatives, Inc. Staff Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Give Staff Member’s Name)

🞎 Other - please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Please explain your interest in this type of work and why a job at Alternatives, Inc. would interest you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. **PROFESSIONAL REFERENCES** *(These must be supervisors from previous and/or current employment [No Co-Workers])*

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| --- | --- | --- | --- |
| **Name** | **Supervisor’s Title** | **Agency - Address - Phone** | **Your Position** |
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15. **PREVIOUS WORK EXPERIENCE** *(This section must be completed.* ***Do not write see resume****. Please provide a listing of all positions for the last 7 years, additional sheets and a resume may be attached).*

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| --- | --- | --- | --- |
| **Name of Firm** | **Job Title and**  **Responsibilities** | **Dates of Employment** | **Reason(s) for**  **Leaving** |
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

In consideration of my employment I agree to conform to the policies and procedures of the agency. I understand that in accepting this application, Alternatives, Inc. is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that my employment and compensation can be terminated without cause and without notice at any time during the first six months of hire.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I give permission to Alternatives, Inc. to make inquiries in order to verify this information. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is conditioned on the completion of background and reference checks, and a pre-employment drug and alcohol test. I will, upon request, sign all necessary consent forms.

***Alternatives, Inc. does not engage in any form of unlawful discrimination. If you think that you have been discriminated against, please let us know as soon as possible.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date