

EDUCATION

(Name/Address of school)

(Circle highest grade completed)

High School _____

9 10 11 12 Graduated: ___ Yes ___ No

College _____

13 14 15 16 Degree Received: _____

Other Schools (vocational, military, etc.) _____

Please list any skills, licenses or professional certification, which you feel, may qualify you for the position for which you are applying: _____

EMPLOYMENT HISTORY

List below your employment history, beginning with your most recent position and note any periods in which you were not employed.
(COMPLETE THIS SECTION IN ADDITION TO ANY RESUME YOU SUBMIT)

Company _____ Address _____ Phone _____

Dates Worked: from _____ to _____ Job Held: _____ Supervisor: _____

(Description of Duties) _____
Reason for Leaving _____

Company _____ Address _____ Phone _____

Dates Worked: from _____ to _____ Job Held: _____ Supervisor: _____

(Description of Duties) _____
Reason for Leaving _____

Company _____ Address _____ Phone _____

Dates Worked: from _____ to _____ Job Held: _____ Supervisor: _____

(Description of Duties) _____
Reason for Leaving _____

Please list any additional jobs you have held on a separate sheet

REFERENCES

Please list three business/work references that may be contacts. Do not list relatives or personal references

NAME

ADDRESS

PHONE

PLEASE READ CAREFULLY:

1. I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with the policy of Flathead Industries. 2. I authorize the references listed above to give you all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. 3. I understand, acknowledge and authorize Flathead Industries to run a background check on me through Montana State Criminal Justice Department, and obtain a copy of my Driving Record through the State of Department Motor Vehicles. 4. I acknowledge that Flathead Industries reserves the right to amend or modify the policies in its Handbook and other policies at any time, without prior notice. The policies do not create any promises or contractual obligations between Flathead Industries and its employees.

APPLICANT SIGNATURE: _____ DATE: _____

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY

APPLICANT EEO/AFFIRMATIVE ACTION BACKGROUND FORM

It is the policy of Flathead Industries to provide equal employment opportunity to all qualified applicants for employment without regard to personal characteristics, including race, color, religion, national origin, sex, sexual orientation, age marital status, veteran status, or disability. Various agencies of the government require employers to invite applicants to identify themselves. That is the only goal of this form.

Completing this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and we will maintain it separately from your application form.

Name: _____
Last First Middle

Position applied for (list only one):

Referred by:

Race/ethnic origin:

- White
- Hispanic
- American Indian/Alaska Native
- Black/African-American
- Asian
- Native Hawaiian/Pacific Islander

Sex:

- Male
- Female

Are you Vietnam Era Veteran?

You qualify if you are a person who serves on active duty for a period of more than 180 days, any part of which occurs between 8/5/64 and 5/7/75, and was discharged or released therefrom with other than a dishonorable discharge or for a services connected disability.

Yes No

Are you disabled veteran?

You qualify if you are entitled to disability compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30% or more, or are a person who discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Yes No

Do you have a mental or physical disability?

You qualify if you are a person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment.

Yes No