

EMPLOYMENT APPLICATION



Montana Rescue Mission
2902 Minnesota Ave, Billings, MT 59101
406.259.3800 x 109 HR Department Phone
406.259.4638 fax

Name: _____
Last First Middle

Mailing Address: _____
Street or P.O. Box City Zip

Telephone: _____
Home Work Cell

Position Applying For: _____

Will you accept: Full-Time Part-Time Seasonal

Were you previously employed by Montana Rescue Mission?

If "Yes", give dates: _____

For what reasons do you seek employment at Montana Rescue Mission?

How did you hear about this position? Referral by Whom _____ Indeed.com Facebook

Our Website Job Service Job Fair Other _____

What experiences, skills or qualifications that you possess would benefit the position you are seeking?

EDUCATION

Name and Address of High School	Diploma/Certificate	If None, Highest Grade Completed

COLLEGE, UNIVERSITY OR OTHER SCHOOLS

Name and Location	Dates Attended (Month/Year)	Major Minor	Degree/Certificate & Date Received

The information provided on this application is subject to verification. Falsifications or misrepresentation may disqualify you from consideration of employment or may be grounds for termination at a later date.

My signature below certifies that all information on this page and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentation. I authorize all former employers and my present employer to release job-related information about me to Montana Rescue Mission. I release all

Signature _____ **Date** _____

Montana Rescue Mission is an equal opportunity employer.

EXPERIENCE

experience that is relevant to the position for which you are applying. Begin with your present or most recent experience. Include Military Service that would help you qualify, listing each promotion as a separate position. If necessary, please attach additional sheets.

Full Business Name:		Summarize your duties/responsibilities
Complete Address:		
Type of Business:		
Dates employed (Month/Year): _____ to _____		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other		
Job Title:		
Immediate Supervisor's FULL Name & Phone Number		

Reason for Leaving: _____

Full Business Name:		Summarize your duties/responsibilities
Complete Address:		
Type of Business:		
Dates employed (Month/Year): _____ to _____		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other		
Job Title:		
Immediate Supervisor's FULL Name & Phone Number		

Reason for Leaving: _____

Full Business Name:		Summarize your duties/responsibilities
Complete Address:		
Type of Business:		
Dates employed (Month/Year): _____ to _____		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other		
Job Title:		
Immediate Supervisor's FULL Name & Phone Number		

Reason for Leaving: _____

REFERENCES			
<i>Must be non-related references</i>			
Name:		Phone Number:	
Name:		Phone Number:	
Name:		Phone Number:	
Please include 3 reference letters and your resume when turning this into Montana Rescue Mission.			

