

DISTRICT 4 HUMAN RESOURCES DEVELOPMENT COUNCIL



**2229 5TH AVENUE
HAYRE, MONTANA 59501
(406) 265-6743**

WEBSITE: www.hrdc4.org

“This institution is an Equal Opportunity Provider and Employer”

PERSONAL INFORMATION

Date _____

Name _____ Phone _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (Zip)

Do you have a current Driver's License? Yes No Are you insurable? Yes No

Do you have proof of the required Liability Insurance on your vehicle? Yes No

EMPLOYMENT DESIRED

Position _____

Date you can start _____ Salary Desired _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Have you ever applied to this agency before? Yes No

Where? _____ When? _____

EDUCATION

	Name and location Of school	Grade Completed	Area of Study
Grammar School	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Trade/Business	_____	_____	_____
Corres. Courses	_____	_____	_____

FORMER EMPLOYERS (List below last four employers, starting with the current one.)

Date Employed From _____ To _____ Phone _____
Employer _____ Location _____
Supervisor _____ Position _____
Duties _____

Salary _____ Reason for Leaving _____

Date Employed From _____ To _____ Phone _____
Employer _____ Location _____
Supervisor _____ Position _____
Duties _____

Salary _____ Reason for Leaving _____

Date Employed From _____ To _____ Phone _____
Employer _____ Location _____
Supervisor _____ Position _____
Duties _____

Salary _____ Reason for Leaving _____

Date Employed From _____ To _____ Phone _____
Employer _____ Location _____
Supervisor _____ Position _____
Duties _____

Salary _____ Reason for Leaving _____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION (i.e., if you are applying for a position dealing with children, comments could be made concerning preschool experience or parenting experience. We welcome your volunteer experiences.)

We are committed to making reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the application and interview process. If you would like us to consider any such accommodation, please attach a separate sheet of paper with the description of the desired accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

Signature

Date

Applicant Data Record

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Information on this form will not be used or seen by the selection committee and is solely to help us comply with government record keeping, reporting and other legal requirements. Please fill out the Data Record.

This Data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date _____

Position(s)/Program Applied for _____

Birthdate _____ Male Female

Referral Source (Please check one)

Newspaper Job Service Friend
 HRDC Website Other (please specify) _____

Check one of the following

Race/Ethnic Group

Caucasian Native American/Alaskan Native African American
 Asian/Pacific Islander Hispanic

Check if any of the following are applicable

Veteran Disabled Veteran Handicapped Individual