

MONTANA

Applicant's Authorization and Acknowledgement of Responsibilities Read Carefully Before Completing Application

1. I hereby authorize said employer to conduct an investigation concerning all statements contained in my application for employment, to interview all references and employers. I hereby release the Company from any liability arising from the disclosure of any information pertaining to me which is obtained during said investigation.
2. I further understand and agree that adhere to required specifications if the Company has a policy pertaining to uniform, attire, and personal appearance.
3. I understand that if I were to be considered for employment with said employer I may be required to take a post offer employment physical based on the job for which I am applying. I therefore authorize said employer's appointed physician to release any information regarding medical conditions related to my ability to perform the job in question to an authorized representative.

All expenses incurred for a physical examination that is requested by the Company will be paid for by the Company.

4. I acknowledge and agree that if employed, my employment will continue at my will and at the will of the Company and may be terminated at any time for any legal reason by either party, except as provided under the Montana "Wrongful Discharge From Employment Act". I also agree that this application does not constitute an employment contract and I acknowledge that no official or representative of said employer is authorized to enter into any verbal contract establishing an employment relationship with any applicant or employee of any particular duration of tenure.
5. Any applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the duties of the job for which the applicant is applying should inform the Store Manager.
6. I certify that I have read and understand the above Authorization and Acknowledgement and will complete the application for employment form as accurately and completely as possible.

CERTIFICATION:

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire.

DATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Application for Employment

PLEASE PRINT AND COMPLETE ALL QUESTIONS

Last Name		First Name		Middle Name / Initial		Social Security Number		Date	
Street Address			City	State	Zip Code	Home Phone		Alternate Phone	
Federal and Montana state law both impose certain restrictions on the employment of individuals under 18 years of age.		Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is yes, please provide your birthdate: _____		Referred By		Reason You Applied Here			
List Any Skills Or Qualifications Relative To The Job You Are Applying For						Position You Are Applying For			
						Second Choice			
						Date Available		Salary Expected	
						Can You Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Can You Work Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List Any Relatives Working Here						Can You Provide Proof Of Citizenship, Visa or Alien Registration Number If You Are Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have You Worked For This Company Or A Competitor Under A Different Name? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is yes, what name and when? _____						Have You Ever Been Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No Have You Ever Been Refused Bond? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have You Ever Been Discharged Or Asked To Resign From Any Position? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is yes, please explain _____ Date _____				Have You Been Convicted Of A Criminal Offense In The Past Seven Years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify an applicant from employment.) If your answer is yes, please explain _____					
Please List Your Driver's License Number and State Issued From (Answer Only If Operating A Motor Vehicle Is A Requirement Of The Job For Which You Are Applying.)				Name You Graduated From High School Under					

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12				College: 1 2 3 4 5 6 7 8			
High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED				Dates Attended _____		GPA _____	
School Name And Address _____							
College Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				Dates Attended _____		GPA _____	Degree _____
School Name And Address _____							

UNITED STATES MILITARY SERVICE

Date(s) Of Service	Branch Of Service	Date And Rank At Discharge	List Duties Pertaining To Job For Which You Are Applying

Qualified applicants will receive consideration for employment **without discrimination regardless of race, color, religion, age, sex, national origin, marital status, disability, sexual orientation, Vietnam era veteran, disabled veteran or other protected veteran status.**

Applicant's Name

Form SF-PEN-01
Revised 01/2007

REFERENCES
OTHER THAN RELATIVES OR FORMER EMPLOYERS

Name	Address	Phone	Occupation	Years Known
Name	Address	Phone	Occupation	Years Known

From	To	Employer	Phone	Duties
Job Title		Address		
Supervisor		Type Of Business		
Starting Rate	Ending Rate	Reason For Leaving		

From	To	Employer	Phone	Duties
Job Title		Address		
Supervisor		Type Of Business		
Starting Rate	Ending Rate	Reason For Leaving		

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FOR INTERNAL USE ONLY
COMMENTS: