

Ekalaka Public Schools**PO Box 458****Ekalaka, MT 59324**

Phone (406)775-8767 Fax (406) 302-0349

For Office Use Only:

Date Received: _____

Date Interviewed: _____

Initials: _____

APPLICATION FOR EMPLOYMENT FOR CLASSIFIED POSITIONS**PERSONAL:**

Name:	Last: _____	First: _____	Middle: _____
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Mailing Address:	Street: _____	City: _____	State/Zip: _____
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Telephone Numbers:	1 _____	2 _____	3 _____
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Type of Work desired:

Do you have immediate family members employed by Ekalaka Public Schools? _____ Yes _____ No

I have _____ or have not _____ been convicted or adjudicated of any crime in any jurisdiction besides minor traffic violations. (If you responded with "I have" please attach a complete description of circumstances of crimes for which you have been convicted or adjudicated.)

Are you at least 16 years of age? _____ Yes _____ No

Are you a U.S. Citizen? _____ Yes _____ No

EDUCATION/TRAINING

	High School	College/University
School Name & Location		
Years Completed		
Diploma/Degree		

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:	Dates of Employment:	Work Performed:
Address:		
	Hourly Rate/Salary:	
Telephone:		
Job Title:	Supervisor:	
Reason for leaving:		

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Job Title:	Supervisor:	
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SPECIAL SKILLS AND QUALIFICATIONS:		
Do you have computer experience? If yes, please list all software you have used.		
Please describe your interest in this company and the skills and aptitudes you feel qualify you for this position. You may wish to include community activities, professional societies to which you belong, hobbies, sports and special training you have received. If you need more space, please continue on a separate sheet.		
REFERENCES: (Please list business references who may be contacted regarding your past work performance and job experience.)		
Name:		Phone:
Address:		
Name:		Phone:
Address:		
Name:		Phone:
Address:		
SIGNATURE and AUTHORIZATION		
Acceptance of this application affords no assurance of eventual employment. If offered a position, you may be required to take a physical examination and be fingerprinted. If employed, you will be required to verify your ability to legally accept employment in the United States. For certain jobs, background investigations, to include contacting former employers, may be required. This application does not constitute a contract of employment. Employment and compensation can be terminated with or without notice, and with or without cause, at any time.		
I have read the foregoing instructions and questions and to the best of my knowledge my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. Misrepresentation may be cause for termination.		
Signature of Applicant:		Date: