## NeighborWorks Great Falls APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is valid for 90 days. Consideration for employment after 90 days requires an updated application.

Position(s) applied for	Date						
How did you learn about us?							
☐ Advertisement	$\square$ Relative	$\square$ Inquiry					
☐ Employment Agency	☐ Friend	☐ Other					
PERSONAL INFORMATION							
Name	Phone						
	State/Zip						
E-mail							
GENERAL INFORMA							
Type of employment desired: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Internship							
Available for:							
On what date would you be available to work?							
Are you available to travel? ☐ Yes ☐ No							
Do you need an accommodation to participate in the application or interview process? $\ \square$ Yes $\ \square$ No							
Do you have any relatives employed by this facility? ☐ Yes ☐ No If <b>yes</b> , name of relative:							
Are you legally eligible for employment in the United States? ☐ Yes ☐ No							
During the last ten years, have you ever been convicted of a misdemeanor or felony other than a minor traffic offense?							
☐ Yes ☐ No If yes, please explain:							
A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.							
EDUCATION							

LEVEL OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	CIRCLE LAST GRADE/YEAR COMPLETED	MAJOR & DEGREE
High School			10 11 12	
College			1 2 3 4	
Business or Trade School			1 2 3 4	

## **ADDITIONAL INFORMATION**

<b>Skills and Qualifications.</b> Summarize any training, skills, and areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying. Include any health care,						
usiness, or industrial equipment o	perated.					
Professional Licenses and/or Ce	rtifications.					
f licensed, registered or certified, li	st:					
Type: Driver's License (required)	State Issued:		Date Issued:	No.:		
Туре:	_ State Issued:		Date Issued:	No.:		
IPLOYMENT HISTORY						
se fill this section out completel Company Name	y and do not writ	<b>e, "see resum</b> Address	e." Begin with your	most recent employment.		
Dates of employment: Start						
Contact Name						
Company Name		Address				
Dates of employment: Start						
Reason for leaving						
Reason for leaving Contact Name			Phone Number			
Contact Name		Address	Phone Number			
	<u>//</u> End _	Address / / /	-			

Professional References:	Give three references who are not relatives o	r former employers.			
Name	Address	Phone Number			
APPLICANT STATEM	ENT				
complete and correct. If any respect, it will be sufficient c	have provided in order to apply for and secure y information provided by me is found to be fal ause to cancel further consideration of this ap service, whenever it is discovered.				
employers, public agencies, information regarding me in have regarding NeighborWo	porWorks Great Falls and its agents to contact licensing authorities, and educational institution this application, resume or job interview. I help orks Great Falls or its agents for seeking, gather I other persons, corporations or organizations	ons and to otherwise verify the accuracy of all reby waive any and all rights and claims I may ering and using such information in the			
I understand that NeighborWorks Great Falls does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.					
I understand that completion employed me.	າ of this Application for Employment does not ເ	guarantee that NeighborWorks Great Falls has			
I certify that I have read, fully	y understand and accept all terms of the foreg	oing Application Statement.			
Date://	Signature				

**REFERENCES** 

**NEIGHBORWORKS GREAT FALLS IS AN EQUAL OPPORTUNITY EMPLOYER.** WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, MILITARY STATUS, OR DISABILITY.