



Headquarters – 904 C Avenue, Circle, MT 59215 (406) 485-3301

Mid-Rivers is an equal opportunity employer in compliance with Mont. Code Ann. 49-2-303. Applicants will be considered without regard to race, creed, religion, color, or national origin or because of age, physical or mental disability, marital status or sex when the reasonable demands of the position do not require an age, physical or mental disability, marital status or sex distinction. Mid-Rivers will consider making reasonable accommodation for applicants with physical or mental disabilities if it will allow them to perform the essential functions of the job.

(PLEASE PRINT OR TYPE)

Positions(s) Applied for: Date:
How Did You Learn About Us? Advertisement [ ] Friend [ ] Walk-In [ ] Relative [ ]
Internet [ ] Employment Agency [ ] Other [ ]

Last Name First Name Middle Name
Address City State Zip Code
Telephone Number(s)

Have you ever filed an application with us before? No [ ] Yes [ ] When? \_\_\_\_\_

Have you ever been employed with us before? No [ ] Yes [ ] When? \_\_\_\_\_

Are you currently employed? No [ ] Yes [ ]

May we contact your present employer? No [ ] Yes [ ]

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? No [ ] Yes [ ]

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full time [ ] Part Time [ ] Shift Work [ ] Temporary [ ]

Can you travel if a job requires it? No [ ] Yes [ ]

Have you been convicted of a felony within the last ten years? No [ ] Yes [ ]

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any honors you have received.

State any additional information you feel may be helpful to us in considering your application.

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:*

# REFERENCES

Give name, address and telephone number of three **employment** references who are not related to you (do not list Mid-Rivers' employees).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Employer	Telephone ( ) -
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Hourly Rate/Salary Start _____ Last _____
State job title and the work you performed	
Reason for leaving	

Employer	Telephone ( ) -
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Hourly Rate/Salary Start _____ Last _____
State job title and the work you performed	
Reason for leaving	

Employer	Telephone ( ) -
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Hourly Rate/Salary Start _____ Last _____
State job title and the work you performed	
Reason for leaving	

If you need additional space, please continue on a separate sheet of paper.

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experiences.

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I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that if I am employed by MRC, false or misleading statements on this application will be considered to be good cause for dismissal from employment.

I hereby authorize MRC to investigate the information contained on this application and to contact each of the references listed in this application, any previous employers, and, if I have so authorized, to contact my current employer. I hereby authorize, and request every person, firm, company, corporation, government agency or other institution having control of any documents or information relating to my competence, ethics, character, experience, qualifications, and fitness for employment at MRC to provide this information to the agent or representative of MRC for consideration in connection with my employment application. I hereby release any person or entity providing information pursuant to this authorization from any and all liability for providing the information requested.

I understand that if I am selected for employment, the job offer is conditional only, pending the results of a medical exam. I will be required to take a physical examination prior to the commencement of employment, which medical examination shall be by a doctor selected by MRC and at MRC's expense. The doctor will give a medical opinion regarding my ability to perform the job for which I am being considered.

I understand and agree that if hired, my employment shall have no definite period and may be terminated pursuant to applicable Law by MRC. I further understand that all newly hired employees are subject to a six month probationary period which may be extended at the sole discretion of MRC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_

Hired YES  NO  DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Medical Exam Performed By: \_\_\_\_\_ DATE: \_\_\_\_\_

Medical Report Reviewed and Approved By: \_\_\_\_\_

Revised 3/24/11