



2070 Overland Ave, Suite 101, Billings MT 59102, Phone 406-245-6323,
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EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Are you 18 years old or older?	
Street Address	City	State	Zip	Telephone Daytime After Hours

EDUCATION INFORMATION

Type of School	Name and Address of School	Courses Majored In	Graduate? Degrees Received
High School			Yes () No ()
College			Yes () No ()
College			Yes () No ()
College			Yes () No ()

(Education must be verified by high school diploma or college transcripts)

List any professional license or registration you hold _____

Have you ever been convicted of a crime? Yes () No ()

If yes, when, where and disposition of the conviction: _____

AFFIRMATIVE ACTION ORDER STATEMENT: As a firm believer in the principle that all people are created equal, and, therefore, have a basic human right to be afforded equal opportunities, Job Connection, Inc, hereby positively affirms an aggressive action to ensure that all applicants and employees are treated equally and fairly, without regard to race, national origin, color, age, creed, sex, physical handicaps, or mental disturbances. Such fair and equal treatment shall encompass wages, promotions, condition of employment, recruitment or recruitment advertising, termination, demotion or transfer, and selecting for training when applicable.

Applicant gives employer consent to check references, verify information and obtain reports relevant to background or reports from credit agencies by submitting this application. Applications are active for 6 months from time of submission and are kept on file for 3 years. Falsification or omission of information can lead to refusal to hire or to discharge. Employment is always contingent on performance and needs of the agency.

Have you worked for any employer you would not want us to contact? Are there any supervisors or employers who have refused to give you a recommendation? _____

Signature of Applicant

Date

Training Courses Name and Location	Dates Attended Month/Year	Did you Complete?	Title/Description of Course	Total Hours

5. List current Licenses/Certifications (CNA, PCA, CPR, Medication Certification, etc.)

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

6. List personal references we may contact.

Individual's Name	Address	Phone

JOB #1

Firm Name: _____ Type of Business: _____

Address: _____
Street Address City State Zip

Phone: _(____) _____

Position Title: _____

Exact Employment Dates: _____
From To

Name and Title of Immediate Supervisor: _____

Reason for Leaving Position: _____

We will be contacting this employer. Is there any reason you don't want us to contact them? _____
If yes, please explain: _____

If you wish this to be a confidential inquiry, whom should we contact? _____

Has this supervisor or employer refused to give you a recommendation? _____

Describe your job responsibilities in detail: _____

Signature of Applicant: _____ Date: _____

JOB #3

Firm Name: _____ Type of Business: _____

Address: _____
Street Address City State Zip

Phone: _____

Position Title: _____

Exact Employment Dates: _____
From To

Name and Title of Immediate Supervisor: _____

Reason for Leaving Position: _____

We will be contacting this employer. Is there any reason you don't want us to contact them? _____
If yes, please explain: _____

If you wish this to be a confidential inquiry, whom should we contact? _____

Has this supervisor or employer refused to give you a recommendation? _____

Describe your job responsibilities in detail: _____

Signature of Applicant: _____ Date: _____