



EMPLOYMENT APPLICATION

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Last Name			First	Middle Initial	Date:
Street Address					Preferred Telephone:
City, State, Zip					
Email:					
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes" Month and Year _____ Location _____					Pay Expected
Position Desired:					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, What hours can you work? _____					When will you be available to start?
Are you a Legal U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Where you referred by anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who referred you? _____					
Other special training or skills (language, machine operations, ETC.)					

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School	Name and Location of School	Course of Study	No. of years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Please provide complete and accurate information for full and part time employment records. Start with your present/most recent job.

1

Company Name	Telephone ()
Address	Employed- Month and Year From: To:
Name of Supervisor	Hourly Pay Start End
State Job Title and Describe Your Work Duties	Reason for Leaving

2

Company Name	Telephone ()
Address	Employed- Month and Year From: To:
Name of Supervisor	Hourly Pay Start End
State Job Title and Describe Your Work Duties	Reason for Leaving

3

Company Name	Telephone ()
Address	Employed- Month and Year From: To:
Name of Supervisor	Hourly Pay Start End
State Job Title and Describe Your Work Duties	Reason for Leaving

4

Company Name	Telephone ()
Address	Employed- Month and Year From: To:
Name of Supervisor	Hourly Pay Start End
State Job Title and Describe Your Work Duties	Reason for Leaving

We may contact
the employers

DO NOT CONTACT

listed above unless
you indicate those
you do not want
us to contact.

Employer Number(s): _____

Reason: _____

REFERENCES

1

Name

Phone

()

Street Address

City,State,Zip

How do you know this person?

2

Name

Phone

()

Street Address

City,State,Zip

How do you know this person?

3

Name

Phone

()

Street Address

City,State,Zip

How do you know this person?

4

Name

Phone

()

Street Address

City,State,Zip

How do you know this person?

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The information provided in this Application for Employment is true, correct and complete. If you employ me, any Misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

DATE

Signature



Background Check Authorization

Print Full Name (First) (Full Middle) (Last)

Print Maiden Name/Previous Name(s) and/or Aliases

Residing at (Address)

(City) (State) (Zip)

Date of Birth Place of Birth

Driver's License Number Social Security #

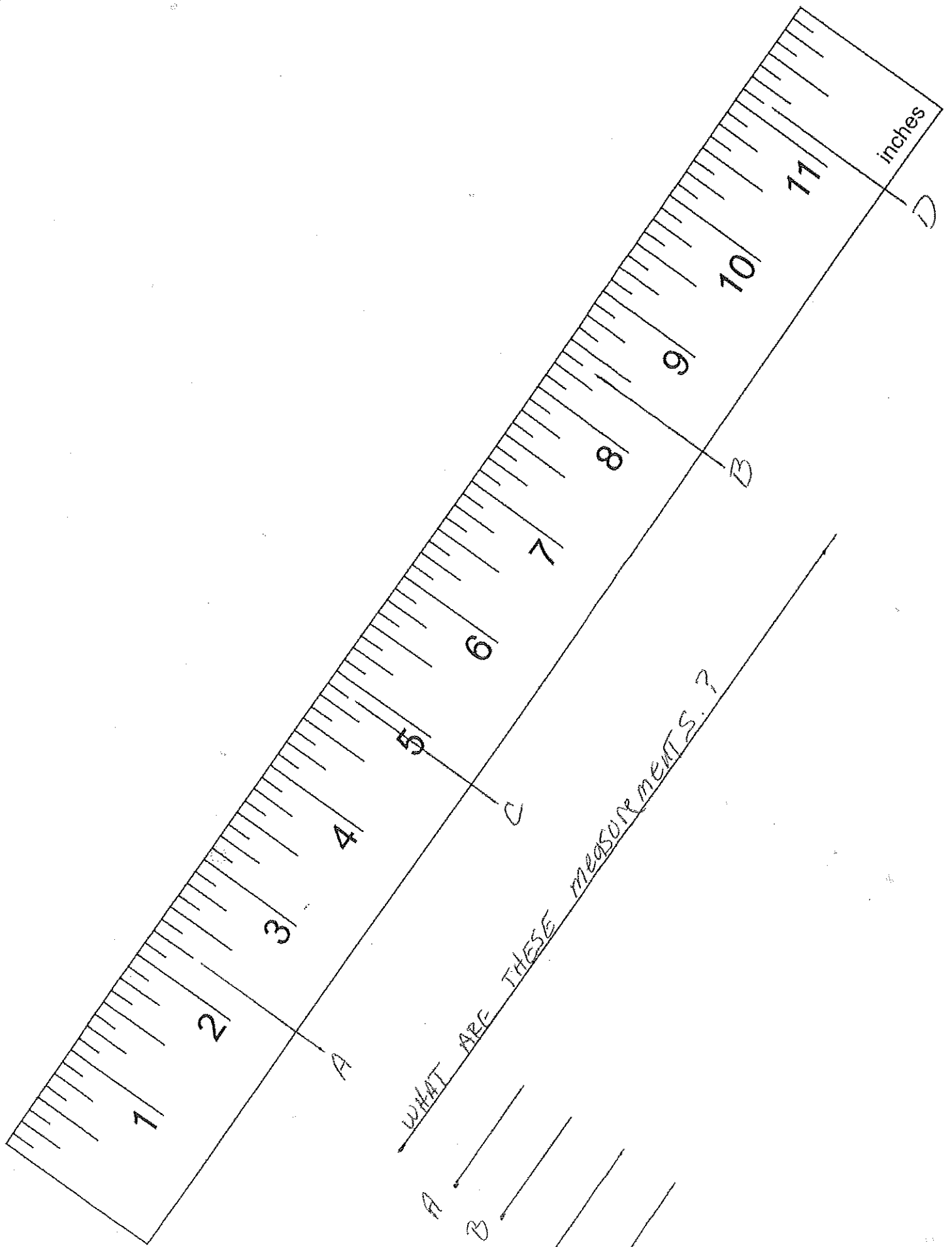
Email

I hereby authorize **Glacier** to obtain a complete background history containing a criminal investigation as well as a driver's license history and status. The information obtained in this report will be used for the purpose of extending an employment offer.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state and federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically upon the termination of employment by either party.

Signature of above individual authorizing release

Date



WHAT ARE THESE MEASUREMENTS?

- A _____
- B _____
- C _____
- D _____