



PO Box 2649 • 1500 River Drive North
Great Falls, Montana 59403-2649
(406) 727-7300 • Fax (406) 771-8706
1-800-823-9595

Date _____

We request the following information to help us make the best possible placement. You should complete all portions of this application that pertain to you. We appreciate the time you spend in completing this form.

If offered employment and accepted, you are required by law to show proof of eligibility to work in the USA.

If offered employment and accepted, you are required by law to show you are 18 years of age or over.

Name _____
Last First MI (former name)

Address _____
Street City State Zip Code

Home Telephone No. _____ Alternate Telephone No. _____

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Referred to this company by: _____

Position for which you are applying _____ Salary Desired _____

Employment Preference: Full time Part time Date available _____

Summer Temporary Date/hours available _____

Education – Military Training				
Name	Address	Major Course/Subject	Circle Last Year Completed 1 2 3 4	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Trade School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Studies			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently pursuing further studies? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what courses and when?				

Have you ever been convicted of a felony crime with the last 7 years? * Yes No If yes, please explain.

* A conviction will not necessarily be a bar to employment and will be considered only as it relates to position applied for.

Machine Operation: Check which machines you can operate.

- | | |
|---|---|
| <input type="checkbox"/> Typewriter _____ WPM | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Microfilm Equipment | <input type="checkbox"/> Copier |
| <input type="checkbox"/> Encoding Equipment | <input type="checkbox"/> FAX System |
| <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Other (specify |
| <input type="checkbox"/> Hardware/software | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

References:

Please list names, addresses and phone numbers of two work references:

Employment History:

Please list below present and past employment, to include military service, beginning with the most recent. Please complete all items and be specific.

If you have a resume, attach it to the application. Please complete information on the application that is not supplied on the resume.

1 - Company	Address	Telephone
Dates employed From To	Salary Starting Leaving	Name of Supervisor
Your Title	Your Duties	
Reason for Leaving		

2 - Company	Address	Telephone
Dates employed From To	Salary Starting Leaving	Name of Supervisor
Your Title	Your Duties	
Reason for Leaving		

3 - Company	Address	Telephone
Dates employed From To	Salary Starting Leaving	Name of Supervisor
Your Title	Your Duties	
Reason for Leaving		

4 - Company	Address	Telephone
Dates employed From To	Salary Starting Leaving	Name of Supervisor
Your Title	Your Duties	
Reason for Leaving		

May we contact the above employers for reference checking purposes? _____

Please identify by number any employer you do not wish us to contact. _____

(continued on page 4)

ADDITIONAL COMMENTS – OPTIONAL: Use space below to describe your interest in this company and the skills and experience that you feel qualify you for a position with us. You may wish to include participation in professional societies and/or special training or skills. Do not list organizations that reveal race, creed, color, national origin, age or sex.

- PLEASE READ CAREFULLY BEFORE SIGNING -

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age handicap, marital status, source of income, or political beliefs, etc., as prohibited by federal or state laws. No information on this application will be used for the purpose of discrimination.

I understand that receipt of this application by Embark Federal Credit Union does not guarantee a job interview or offer of employment.

I voluntarily grant Embark Federal Credit Union the right to investigate and verify the information and statements I have provided in the application.

I understand that the employment that may be offered is not guaranteed for any particular length of time.

I certify that the statements I have made on this application are true. I understand that falsification of any statements made by me on this application is grounds for disqualification from further consideration or for immediate dismissal from employment.

APPLICANTS SIGNATURE

DATE SIGNED

FOR HR USE ONLY

Offer Made

By

Date

Accepted

Salary

Starting Date

Department

Job Title

Supervisor

Hours