



Greater Polson
Community
Foundation

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, GENETIC INFORMATION OR DISABILITY. EQUAL ACCESS TO PROGRAMS, SERVICE AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY HUMAN RESOURCES.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Applications will be considered for vacancies which arise during the 60 day period following submission. Applicants should complete an updated application if not contacted and/or hired during this 60 day evaluation period.

Please complete this form carefully in your own handwriting. If your answers or statements require additional space, write the information on the back of the page.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED IN FULL. PLEASE INDICATE THE SPECIFIC JOB TITLE FOR WHICH YOU ARE INTERESTED IN BEING CONSIDERED. INDIVIDUALS WHO EXPRESS AN INTEREST IN "ANY" POSITION, OR A GENERIC TITLE WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Position sought: _____ Date: _____

Last Name		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
Name Most Often Called (Nickname)			Phone		Social Security Number		
NOTE: New employees will be required to substantiate work eligibility status in compliance with the Immigration Reform and Control Act of 1986.							
Present Address: Street		City	State	Zip	From	To	
Prior Address: Street		City	State	Zip			
Prior Address: Street		City	State	Zip			
Position Desired?		How soon could you report to work?			Salary expected:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary					\$ _____ per _____		

Are you related to anyone on the Greater Polson Community Foundation Board? Yes No

If yes, please list their name and your relationship:

SHOW PRESENT AND PAST EMPLOYMENT, INCLUDING PART-TIME EMPLOYMENT:					
Dates Month/ Year	Employment	Salary Start/Final	Type of Business	Position/ Supervisor	Reason for Leaving
				Telephone Number	
From	Co. Name	\$ _____			
To	Address	Per _____			
		To \$ _____			
		Per _____			
From	Co. Name	\$ _____			
To	Address	Per _____			
		To \$ _____			
		Per _____			
From	Co. Name	\$ _____			
To	Address	Per _____			
		To \$ _____			
		Per _____			
From	Co. Name	\$ _____			
To	Address	Per _____			
		To \$ _____			
		Per _____			

EXPLAIN ALL UNEMPLOYMENT INTERVALS EXCEEDING FOUR WEEKS

From	State your activities during this period	Can someone verify your activities during this period? Please list name and current telephone number.
To		
		<input type="checkbox"/> Yes <input type="checkbox"/> No Name: Telephone Number:

Have you ever been discharged or requested to resign from a position? Yes No

If "yes," explain:

Does your present employer know of your plans to change employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Why do you desire to make a change?
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GIVE PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN
Have you ever served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what branch or branches?		Rank at time of discharge	

LIST ALL SCHOOLING

NAME AND LOCATION	Circle last year completed	Graduated	Diploma or Degree	Major & Minor Studies	Grade Averages
HIGH SCHOOL	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No			
COLLEGE	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
GRADUATE	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER (Extension, night, business)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you plan to continue your education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, do you have outstanding at present any applications for admission to any school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where?		

What foreign languages do you speak, read or write?

Check the appropriate space below to show experience or training in the skills or equipment named. Name and briefly describe courses taken in school, present or past positions, or other experience that will especially fit you for this position.

- Bookkeeping Typing (Speed) _____ wpm
 Computer Systems/Software - List: _____
 Accounting Adding Machine Tabulating Equipment Dictating Equipment
 Other: _____

Please summarize special skills, qualifications or experience, which make you suitable for the position you seek.

APPLICANT'S STATEMENT

- (A) In consideration for the GPCF's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing the GPCF to conduct, when requested, a pre-employment drug screen, a criminal or credit history investigation. Additionally, I authorize the GPCF, in consideration for their review of this application, to supply my employment record, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.
- (B) As a candidate for employment, I realize that the GPCF requires information concerning my past work performance, background, and qualifications. Much of this information may only be supplied by my prior employers. In consideration for the GPCF evaluating my application, I request that the previous employers referenced above provide information to the GPCF's representatives concerning my work performance, my employment relationship, my qualifications, and my conduct while an employee of their organizations. Recognizing that this information is necessary for the GPCF to consider me for employment, I release these prior employers and waive any claims which I may have against those employers for providing this information.
- (C) I understand and agree that my employment, if hired, is for no definite period and may be terminated at my option or the option of the GPCF at any time without any previous notice.
- (D) In the event of my employment, I will comply with all rules and regulations as set forth in the GPCF's policies or other communications distributed to employees.
- (E) I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.
- (F) I hereby acknowledge that I have read the above statement and understand the same.

Application Date: _____ Applicant's Signature: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER