

Masonic Home of Montana



2010 Masonic Home Road
 Helena, MT 59602
 Ph: 406-458-5431
 Fax: 406-458-9322

APPLICATION FOR EMPLOYMENT

<i>Office Use Only:</i> Date Received:
Date of Hire:
Date of Separation:

Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

How did you learn about this employment opportunity? Check all that apply:				<input type="checkbox"/> Ad in newspaper
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Website	<input type="checkbox"/> Dept. of Labor	<input type="checkbox"/> Other:	<input type="checkbox"/> Radio
<input type="checkbox"/> Referral by employee:				
Position Applying For: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp		Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:	
Emergency Contact:		Phone #:	Emergency Contact: Phone #:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact: Phone #:		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?		
Are you currently employed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, may we contact your employer?		
Have you ever been employed by Masonic Home of Montana?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:		
Are you related to any current Masonic Home of Montana employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:		

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Masonic Home of Montana reserves the right to contact all current and former employers for reference information.

Dates Employed (current or most recent position) From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:		Organization Name and Address:	
Final Salary:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:
Dates Employed From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:		Organization Name and Address:	
Final Salary:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:
Dates Employed From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:		Organization Name and Address:	
Final Salary:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

PERSONAL REFERENCES: Please list 3 persons who are familiar with your work and who may be contacted.

NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application is true, complete, and correct. I authorize the Masonic Home of Montana to investigate my past employment, education and activities and I release from all liabilities all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I am fully aware of the position for which I am applying and that I am physically and mentally suited for the position. I consent to take a pre-employment physical examination and such physical examinations as required by the company. I may be scheduled for any shift or work unit necessary in order to properly staff the facility.

It is my understanding that completion of this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits.

Applicant Signature: _____ Date: _____

TO: The Department of Justice
Criminal History Records
Scott Hart Building, Room 374
303 North Roberts
Helena, MT 59602-1418

FROM: Masonic Home of Montana
Administrator
2010 Masonic Home Road
Helena, MT 59602

SUBJECT: Authorization to Release Information

DATE: _____

The below listed individual has applied for a position with the Masonic Home of Montana. The individual is required to furnish information which will be used to make a final determination in making an employment offer. It is important that we have information (if any) on the individual's criminal history.

Name of job applicant: _____ Male Female
Full Name

SSN: _____ Date of Birth: _____

Other names used, if any: _____

I hereby authorize the Masonic Home of Montana to conduct a criminal records background check through the Department of Justice.

I hereby expressly authorize the release of any and all information which you may have about me, including information of a confidential or privileged nature.

I hereby release the Masonic Home of Montana and any organization, company, institution or person furnishing information to the Masonic Home of Montana as expressly authorized above from any liability or damage which may result from furnishing the information requested.

Signature: _____ Date: _____

Printed Name: _____