

EMPLOYMENT APPLICATION

Equal Opportunity Employer. Montana State University encourages applications from minorities, women, handicapped and veterans, and pledges not to discriminate in its employment factors. Applicant access to the Personnel Office delimited by physical disability will be accommodated (call 994-3583).

Fill out this application completely (use black ink only). You must inform the Personnel Office of each specific opening for which you wish to be considered.

NAME	_____		
Please Print Last First Middle Initial	_____		
ADDRESS	Number	City	State
			Zip
			Street
PHONE			
Home (days)	Message		Social Security No.

Availability (check those which apply): ___ full-time ___ days only
 ___ nights only ___ any hours ___ part-time; if part-time days and hrs
 available _____

Date Available: _____

EDUCATION: (A resume may be attached if desired.)

School	Name & Address	Circle Last Year Completed	Course of Study	Diploma/Degree
Elementary		5 6 7 8		
High		9 10 11 12		
College		1 2 3 4		
Other (Specify)				

Professional licenses or certificates _____

Employment (begin with most recent job). May we contact present employer? Yes No

From	To	Firm, Supervisor & Address	Responsibilities:
Total time			
Yrs.	Mos.		
		TITLE	Reason for leaving
Hrs/Week		Salary	

From	To	Firm, Supervisor & Address	Responsibilities:
Total time			
Yrs.	Mos.		
		TITLE	Reason for leaving
Hrs/Week		Salary	

Ranch and Farm Experience:

Explain your work thoroughly; how many years, types of livestock worked with; if farm work, include irrigation, types of crops, etc.

Machinery Equipment and Trucks:

List types, sizes and amount of experience with each.

List other relevant work experience (i.e. volunteer work or work not considered formal employment):

Kinds of tools, equipment, or office machines you have operated (include short-hand skills):

Related activities and interests:

References

Address

Phone No.

- 1.
- 2.
- 3.

Former employers preferred; do not include relatives; please indicate if you have previously worked under another name.

Do not write in this space
Typing_____ Shorthand
Position & Date Applied

I hereby authorize Montana State University to inquire as to my record with any or all of my former employers with no liability arising therefrom. I hereby guarantee the correctness of the above statements. The making of any false statement will be sufficient cause for disqualification or dismissal.

SIGNED: