

Employment Application

AFFCO 1015 East Sixth Street Anaconda MT 59711-2658

| Last Name | First Nar | | First Name | | Middle or Maiden Name | | | Social Security Number | | | US Citizen or Resident Alien | | |
|---|------------------------------------|---------|--------------------------|------|-----------------------|------------|---|------------------------|-----------------|--------------------------------------|------------------------------|-----------------------------|--|
| | | | | | | | | | | | ☐ Yes ☐ No | | |
| | | | | | | | | | | If "No" Indicate immigration status: | | | |
| Present Address | Present Address Street or P.O. Box | | | | City | | \$ | State | e ZIP | | | | |
| | | | | | | | | | | | | | |
| Permanent Address (if d | ifferent) | | | | | | L | | Telephone N | umber | | Business Telephone Number | |
| | | | | | | | | | | | | | |
| | 1 | | | | Т | | Describe ich er | t == afarl ara asal | in a. | | | | |
| | | | | | | | Describe job or type of work you are seeking: | | | | | | |
| Applying for: | Regular Job | | ☐ Temporary Job | | ☐ Full-Time | | | | | | | | |
| , (ppi) iiig ioi. | | | 1 | | | | Minimum salary requirement: | | | | | | |
| | Summer | | | | Part-Time | | | | | | | | |
| Education | | | | | | | | | | | | | |
| High School | | | Did you graduate? | ☐ YE | ES NO | If not | nighest grade attai | ned? | | | | | |
| | Name of School | | | | om - Mo/Yr To - | | | | a Major Subject | | ct | Minor Subject | |
| | | | Location (Ony and Olate) | | | 10 1110/11 | | Bogroo, Biploma | ı Major Gaz | | | or Gasjest | |
| College | | | | | | | | | | | | | |
| , | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Graduate School | | | | | | | | | | | | | |
| Other (Secretarial | | | | _ | | | | | | | | | |
| Other (Secretarial, Technical Schools, | | | | | | | | | | | | | |
| etc) | | | | | | | | | | | | | |
| | Explain "Other" if necessary" | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Firm | List Jobs starting with | Address | recent position | - | From (Mo / Yr) | To (Mo/Yr) | Position | | | Final rate of | Pay | May we use as a reference | |
| Name of Firm | | Address | | | FIOITI (IVIO / FT) | | FOSITION | | | Tillal fale of Fay | | iviay we use as a releience | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | + | | | | | | | |
| | | | | | | 1 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| List any volunteer work which relates to the job you are app | lying. Start with the present | or most recent experience. | | | | | | | | |
|---|--|----------------------------------|---|--|---|--|--|--|--|--|
| Name of Organization | Address | | From (Mo/Yr) | To (Mo/Yr) | Position (describe | as necessary) | Hours per week | | | |
| <u> </u> | | | | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,, | , | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Have you ever applied for employment with AFFCO? | n and where? | Hav | Have you ever been employed by AFFCO? If "Yes", when and where? | | | | | | | |
| | | ☐ Yes ☐ No | | | | | | | | |
| By Whom were you referred to AFFCO, if anyone? | | | Hav | Have you ever been convicted of a felony? If "Yes", when and where and describe offense | | | | | | |
| | | | Yes | | | | | | | |
| * Information supplied on conviction record will not necessarily bar applicant from consideration for employment, nature of , reason for, and time elapsed since conviction will be reviewed in light of the duties being sought. | | | | | | | | | | |
| United States Military Service | | | | | | | | | | |
| Branch of Service | | Dates of active military service | e. | | | Rank at discharge: | | | | |
| | From: | To: | | | ram a dos ago. | | | | | |
| Describe duties in the service: | | <u> </u> | | | L | | | | | |
| | | | | | | | | | | |
| Dishonorable discharge | shonorable discharge * Note: Information supplied with respect to any dischargeable offer will be reviewed in light of the duties being sought. | | | | | eration for employment, nature of , reason | n for, and time elapsed since conviction | | | |
| ☐ Yes ☐ No | | | | | | | | | | |
| Describe any special training you received in the service, or are receiving as a member of the active service. | | | | | | | | | | |
| | | | | | | | | | | |
| Person who will always know where you may be contacted: | Busine | ess Telephone: | | | Home Telephone: | Home Telephone: | | | | |
| Street Address | | City | | | | State | ZIP | | | |
| | | | | | | | | | | |
| | | 1 | | | | • | | | | |
| Is there any accommodation you need to perform the job you are seeking or applying for? | | | | | | | | | | |
| | | | | | | | | | | |
| AFFCO reserves the right to terminate or reject the employment of any applicant upon proof of misrepresentation in this application, upon receipt of satisfactory references, or upon failure to pass the prescribed physical examinations or analysis. | | | | | | | | | | |
| | | | Signatu | re of Applicant: | | Date: | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

An Equal Opportunity Employer