

Choteau Youth Alliance EMPLOYMENT APPLICATION

Please complete this application by typing or printing in ink. Please submit this application along with a typed resume either electronically or physically. To physically return this application and a resume, send them to Choteau Youth Alliance, P.O. Box 1263, Choteau, MT 59422 or deliver them to Teton County Health Department, 905 4th ST NW, Choteau, MT 59422. Electronic submissions can be made by sending materials to choteauyouthjobs@gmail.com. With your submission, please indicate your availability/interest for work, e.g. are there specific days/times you are interested in.

If there's any questions related to this application, please email choteauyouthjobs@gmail.com. One can also call/text 406-590-5125 or 406-468-5210 with any questions.

PERSONAL DATA

Full Name _____

Present Address _____
Street / P.O. Box City State Zip Code

Phone _____ Email Address _____

EDUCATION

High School Diploma/GED/HiSET? Yes No

Name	Location	Phone	Diploma/Degree/Specialization
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High School _____

College/University _____

Courses & Training _____

WORK EXPERIENCE *(List most recent work experience first.)*

Company Name _____ Immediate Supervisor _____

Company Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates _____ Reason for Leaving _____
From (mm/yy) To (mm/yy)

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Company Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates _____ Reason for Leaving _____
From (mm/yy) To (mm/yy)

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Company Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates _____ Reason for Leaving _____
From (mm/yy) To (mm/yy)

ADDITIONAL INFORMATION

Other Relevant Experience

Licenses, Certificates, special skills, etc.

REFERENCES *(References should have experience with your work history.)*

Name	Location	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need accommodations for the application or hiring process please speak with the employer. Job Service Montana staff are available to assist you.

Do you need an accommodation to participate in the application or interview process? Yes No

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me.

Signature _____ Date _____