PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

How did you hear about this position? PLEASE COMPLETE PAGES 1-5 DATE _____ Name _____ First Maiden Present address _____ Street City Zip How long have you lived at present address?_____ Telephone () e-mail Prior Address _____ Number Street City State Zip If under 18, please list age _____ Days/hours available to work Position applied for _____ No Pref _____ Thur _____ and salary desired _____ Mon _____ Fri ____ Tue Sat (Be specific) Wed _____ Sun __ How many hours can you work weekly? _____ Can you work nights? _____ When available for work? _____ Are any friends or relatives employed with the Montana Rescue Mission

No

Yes Name: Relationship: TYPE OF SCHOOL NAME OF LOCATION NUMBER OF YEARS **MAJOR & TYPE** SCHOOL (Complete mailing COMPLETED OF DEGREE address) EARNED High School College Bus. or Trade School

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed.

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

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APPLICATION FOR EMPLOYMENT

OFFIC	E SKILLS
Cashier Experience ☐ No ☐ Yes	Microsoft Excel ☐ No ☐ Yes
Typing □ No □ Yes WPM	Microsoft Word □ No □ Yes
Personal □ Yes PC □	Other
Computer □ No Mac □	Skills
Please list two references other than relatives or previous	s employers.
Name	Name
Position	Position
Company	Company
Address	Address
Telephone ()	Telephone ()
background. Use the space below to summarize any adqualifications for the specific position for which you are a is not filled out.	ditional information necessary to describe your full pplying. Applications will be considered incomplete if this

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INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

APPLICATION FOR EMPLOYMENT					
MILITARY					
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No					
ARE YOU NOW A MEMBER OF THE RESERVES OR NATIONAL GUARD? ☐ Yes ☐ No					
Specialty Date En	ntered	Discharge Da	te		
Work Please list your work experience for the PAST FIVE YEARS beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary. Account for gaps.					
		T	ı		
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or leathis company.	arned, advancemen	ts or promotions wh	ile you worked at		

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Work

Page 4

INCOMPLETE
APPLICATIONS WILL
NOT BE CONSIDERED

APPLICATION FOR EMPLOYMENT

Please list your work experience for the **PAST FIVE YEARS** beginning with your most recent job held.

experience If you were self-employed, give firm	name. Attach additional she	ets if necessary.	
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills u this company.	sed or learned, advancemer	nts or promotions w	hile you worked at
Name of annulus a	Nama	Forders	Devision
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills u this company.	sed or learned, advancemer	nts or promotions w	hile you worked at
May we contact your present employer? □ Yes			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the Montana Rescue Mission (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Montana Rescue Mission, or otherwise to change in any respect the employment relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and Montana Rescue Mission may end the employment relationship at any time (at will), without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.

l also understand that a pre-employment drug/alcohol screen and background check will be conducted.

I certify that the answers given herein are true and complete.

Signature of applicant	Date:
organismo or approam	

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, national origin, citizenship, age or disability.

The Montana Rescue Mission is a Christian organization and has **Christian Commitment** qualifications for employment for all employees:

- Be a believer in the Lord Jesus Christ as expressed by a personal testimony and Christian conduct
- > Evidence of the integration of this faith worked out on a daily basis
- ➢ Be willing to sign MRM Statement of Faith Acknowledgement form

Thank you for completing this application form and for your interest in our organization.