

## Laurel Chamber of Commerce

108 East Main St Laurel Montana 59044

<u>laurelchamber@laurelmontana.org</u> 406-628-8105 <u>www.laurelmontana.org</u>

What date are you available to start work? \_\_\_\_\_

"Building a better community and economic growth through communication and business relations"

PERSONAL INFORMA	ATION:
First Name	Middle Name
Last Name	
Street Address	
City, State, Zip Code	
Phone Number ()	
Have you been convicted Yes No	d of or pleaded no contest to a felony within the last five years?
If yes, please explain:	
POSITION/AVAILAB	ILITY:
Position Applied For	
Days/Hours Available:	Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Hours Available: from	to

## **EDUCATION:** Name and Address of School - Degree/Diploma - Graduation Date Skills and Qualifications: Licenses, Skills, Training, Awards **EMPLOYMENT HISTORY: Present Or Last Position:** Employer: \_\_\_\_\_ Address: Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_

Responsibilities:

Reason for Leaving:

Salary: \_\_\_\_\_

Previous Position:	
Employer:	
Address:	
Supervisor:	
Phone:	
Email:	
Position Title:	
From: To:	
Responsibilities:	
Salary:	
Reason for Leaving:	
May We Contact Your Present Employer?	
Yes No	
References:	
Name/Title Address Phone	
I certify that information contained in this application is true and complete. I unders false information may be grounds for not hiring me or for immediate termination of at any point in the future if I am hired. I authorize the verification of any or all information.	employment
Signature	
Date	

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.