

EMPLOYMENT APPLICATION

Montana State University
 Central Agricultural Research Center
 52583 US Highway 87
 Moccasin, MT 59462
 Phone: 406-423-5421 Fax: 406-423-5422

Are you registered for 6 or more credits? Yes No

Are you enrolled in the Work Study program? Yes No

Are you employed by any other department on campus? Yes No

If so, which department? _____

Availability (Check those which apply)

Days only _____ Early morning/evening _____ Days & Nights _____

Saturday _____ Sunday _____

Days and hours preferred _____

What date would you be able to start? _____

PLEASE DO NOT WRITE IN THE SPACE

Date Hired: _____ Starting wage: _____

Position: _____

Project: _____

Project Supervisor: _____

Please type or print

NAME _____
Last First Middle

LOCAL ADDRESS _____
Street City State Zip

PHONE _____
Home (days) Message

PERMANENT ADDRESS _____
Street City State Zip

In case of emergency notify _____
Name Phone

_____ Address

EDUCATION

	<u>Circle last Year completed</u>
High School _____	9 10 11 12
College _____	1 2 3 4
Other (specify) _____	1 2 3 4
Major: _____	

EMPLOYMENT HISTORY (begin with most recent)

Employer: _____

Supervisor: _____

Address: _____

Dates: / / to / / Job Title: _____

Starting Wage: _____ Ending Wage: _____

Duties: _____

Reason for Leaving: _____

Employer: _____

Supervisor: _____

Address: _____

Dates: / / to / / Job Title: _____

Starting Wage: _____ Ending Wage: _____

Duties: _____

Reason for Leaving: _____

Kinds of tools, equipment, or office machines you have operated: _____

Do you have a valid drivers license? _____

Special skills know related to job: _____

REFERENCES

Name	Occupation	Address	Phone No.

I hereby guarantee the correctness of the above statements. The making of any false statement will be sufficient cause for disqualification or dismissal.

Signature _____ Date _____

MSU/CARC is an ADA/EEO/AA employer