



EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PO Box 1240 / 54250 US Highway 2 | Glasgow, MT 59230 | Phone: 406-228-8213 | Reservations: 800-321-8213 | Fax: 406-228-8248 | cottonwoodinn.net

APPLICANT INFORMATION		
Position Desired	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Date
Last Name	First	M.I.
Home Phone		
Cell Phone	E-mail Address	
CURRENT ADDRESS		
Street Address	Apartment/Unit #	
City	State	Zip
How long have you lived there? _____ Years _____ Months		
PREVIOUS ADDRESS		
Street Address	Apartment/Unit #	
City	State	Zip
How long did you live there? _____ Years _____ Months		
OTHER INFORMATION		
Date available to start work	Shift Preference	
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give dates & position	
Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give the date(s) and details _____		
NOTE: Answering "Yes" does not constitute an automatic bar to employment. Factors such as age and time of the offence, seriousness and nature of the violation, and rehabilitation will be taken into account (do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question).		
Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof that you are at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Most positions require that you are able to lift 25 pounds, are you able to do this? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Some positions require that you are able to lift 50 pounds or more, are you able to do this? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have adequate transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain _____		

PREVIOUS EMPLOYMENT

Please list the names of your present and previous employers in chronological order with present or last employer listed first (including military service). If self-employed, give business name and supply business references.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PREVIOUS EMPLOYMENT (CONTINUED)

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances _____

Please explain fully any gaps in your employment history _____

May we contact your current employer? Yes No

If No, please explain _____

Please indicate any actual experience, special training and qualifications that you have which you feel would be relevant to the position for which you are applying _____

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year _____ Days _____ Year _____ Days _____ Year _____ Days _____

EDUCATION

High School		Address	
From	To	Highest Grade Completed	Diploma/Degree
Extra-Curricular Activities			
College/University		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/Degree
Course of Study or Major			
Other		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/Degree
Course of Study or Major			

PERSONAL REFERENCES

*Please list persons who know you well (**not** previous employers or relatives).*

Full Name	Relationship	Years Known
Address		Phone
Full Name	Relationship	Years Known
Address		Phone
Full Name	Relationship	Years Known
Address		Phone

ADDITIONAL INFORMATION

Please indicate any actual experience you have in any of the following positions:

- | | | | | |
|---|-------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Sales | <input type="checkbox"/> Driver | <input type="checkbox"/> Banquets | <input type="checkbox"/> Computer Services |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Server | <input type="checkbox"/> Recreation | <input type="checkbox"/> Landscape/Grounds | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Front Desk | <input type="checkbox"/> Cook | <input type="checkbox"/> Bell Staff | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Security |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Telephone/PBX | |

DRIVING INFORMATION

Complete the following if applying for a position which requires driving.

Do you have a current driver's license? Yes No

State _____ License No. _____ Expiration Date _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain circumstances _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If yes, please explain outcome _____

Please list all moving traffic violations in the last five (5) years:

Date _____	Offense _____	Location _____
Date _____	Offense _____	Location _____
Date _____	Offense _____	Location _____
Date _____	Offense _____	Location _____

DISCLAIMER AND SIGNATURE

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and during my probationary period, the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

With my signature below, I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Signature of Applicant

Date

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.