

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		Part-time Full-time		Date		
Last Name		First		Ν	M.I.	
Home Phone						
Cell Phone	Iress					
CURRENT ADDRESS						
Street Address		Apartment/Unit #				
City	City			Zip		
How long have you lived there? Years	Moi	nths				
PREVIOUS ADDRESS						
Street Address	ötreet Address			Apartment/Unit #		
City State			Zip			
How long did you live there? Years	Mor	nths				
OTHER INFORMATION	1					
Date available to start work Shift Preference						
Have you worked here before? Yes 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? Yes 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 over the age of 18? Yes No If hired, can you furnish proof that you are over 18 years of age? Yes No						
Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? 🗌 Yes 🗌 No						
Most positions require that you are able to lift 25 pounds, are you able to do this? 🗌 Yes 🗌 No						
Some positions require that you are able to lift 50 pounds or more, are you able to do this? Yes No						
Do you have adequate transportation to and from work? Yes No Have you ever used another name? Yes 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? Yes No If yes, please explain						

PREVIOUS EMPLOYMENT							
Please list the name If self-employed, giv	s of your present and /e business name and	l previous employ l supply business	vers in chronological order with pres references.	ent or last e	mployer listed first (including military service).		
Company			Phone				
Address			Superviso	Dr			
Job Title			Starting Salary		Ending Salary		
Responsibilities							
From To Reason for Leaving							
May we contact th	nis supervisor for a	reference?	Yes No				
Company		Phone					
Address				Superviso	Supervisor		
Job Title			Starting Salary		Ending Salary		
Responsibilities							
From To Reason for Leaving							
May we contact this supervisor for a reference?							
Company		Phone					
Address				Supervisor			
Job Title			Starting Salary	Ending Salary			
Responsibilities							
From To Reason for Leaving							
May we contact this supervisor for a reference? Yes No							
Company			Phone				
Address	Address		Supervisor				
Job Title	ob Title Starting Salary		Starting Salary	Ending Salary			
Responsibilities							
From	From To Reason for Leaving						
May we contact this supervisor for a reference?							
Company		Phone					
Address		Supervisor					
Job Title Starting Salary		Ending Salary					
Responsibilities							
From	То	Reason for Leaving					
May we contact this supervisor for a reference? Yes No							

PREVIOUS EMPLOYMENT (CONTINUED)					
Have you ever been terminated or asked to resign from any job?					
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?	Yes	🗌 No	Diploma/Degree	
Course of Study or Major						
Other		Address				
From To		Did you graduate?	Yes	🗌 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	255			
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:						
Administrative	Sales Driver		Banquets	Computer Services		
Accounting	Server	Recreation	Landscape/Grounds	Purchasing		
Front Desk	Cook	Bell Staff	Maintenance	Security		
Reservations	Dishwasher Housekeeping		Telephone/PBX			
DRIVING INFORMATION						
Complete the following if ap	pplying for a position which	h 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?						
If yes, please explain circumstances						
Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes						
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.