**APPLICATION FOR EMPLOYMENT**

**SUMMIT INDEPENDENT LIVING**

**700 SW HIGGINS AVE, SUITE 101**

**MISSOULA MT 59803**

**INSTRUCTIONS:** Please type or print in ink. Read thoroughly and complete all items, then return to above address in care of Summit Director.

1. **APPLICATION DATA:**

|  |  |
| --- | --- |
| Title of position applied for: |  |
| Date available for employment: |  |
| Name: |  |
| Address: |  |  |  |  |
| **(Street)** | **(City)** | **(State)** | **(Zip)** |
| Telephone Number: | Home:  | Work: |
| Professional licensure: If you are currently registered or licensed in Montana, list the type of license or registration and number: |

**II. EDUCATION:**

Highest Education Level Achieved: Click Here to Choose Highest Education Level Achieved

Beginning with most recent school attended. List formal schooling such as college, vocational, technical school, high school, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address of School** |  | **Major Field of Study** | **Degree Earned** |
|  | Did you graduate?[ ]  Yes [ ]  No |  |  |
|  | Did you graduate?[ ]  Yes [ ]  No |  |  |
|  | Did you graduate?[ ]  Yes [ ]  No |  |  |

List special skills or experience relevant to the position for which you are applying:

**III. WORK HISTORY:**

Are you willing to have your present or last employer contacted regarding your qualifications? [ ]  Yes [ ]  No

Begin with your current or last job and list in reverse order positions that you have held. If you are submitting a resume with this application, the information for this section may be detailed on the resume and omitted from this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Firm | Address | City | State | Zip |
|  |  |  |  |  |  |
| Date Started | Date Departed | Total Time Employed | Hours/Week | Starting Salary | Last Salary |
|  |  |  |
| Position Held | Immediate Supervisor and Title | Reason for Leaving |
| Description of Duties:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Firm | Address | City | State | Zip |
|  |  |  |  |  |  |
| Date Started | Date Departed | Total Time Employed | Hours/Week | Starting Salary | Last Salary |
|  |  |  |
| Position Held | Immediate Supervisor and Title | Reason for Leaving |
| Description of Duties:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Firm | Address | City | State | Zip |
|  |  |  |  |  |  |
| Date Started | Date Departed | Total Time Employed | Hours/Week | Starting Salary | Last Salary |
|  |  |  |
| Position Held | Immediate Supervisor and Title | Reason for Leaving |
| Description of Duties:  |

I hereby give Summit Independent Living Center the right to make a thorough investigation of my past employment, education and activities and I release from all liability all persons, companies, and corporations applying such information. I indemnify Summit against any liability that might result from making such investigation. I understand that any false answer of statements or implication made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Summit and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Summit unless made in writing.

 Click or tap to enter a date.

Signature Date