



LIFTT

Living Independently for Today & Tomorrow

1201 Grand Avenue STE 1

Billings, MT 59102

www.liftt.org

Office: 406-259-5181

Fax: 406-259-5259

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____

LAST

FIRST

MIDDLE

SOCIAL SECURITY # _____ - _____ - _____

MAILING

ADDRESS: _____

STREET

CITY

STATE: _____ ZIP CODE: _____ EMAIL ADDRESS: _____

PHONE # (_____) _____ ARE YOU 18 YEARS OR OLDER? YES NO

- ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

IF SO, MAY WE INQUIRE
ARE YOU EMPLOYED NOW? _____ OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY? _____ WHERE? _____ WHEN? _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	YEAR GRADUATED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

SPECIAL SKILLS: _____



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PREVIOUS EMPLOYERS:

Month and Year	Name and address of employer	Salary	Position	Reason for Leaving?
From: _____ To: _____				
From: _____ To: _____				

Which of these jobs did you like best? _____

What did you like most about this job? _____

References:

Give the names of three persons not related to you, whom you have known at least one year

NAME	PHONE #	BUSINESS	YEARS ACQUAINTED

In case of emergency, notify: _____
Name Address Phone

SIGNATURE OF APPLICANT:

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

SIGNATURE: _____ DATE: _____