



MAIL APPLICATION TO:

205 East Park Street
Anaconda, Montana 59711

1-800-432-6145
Fax: 406-563-5956
www.aware-inc.org

◆ Employee Salary & Benefits ◆ Health & Safety ◆ Recruitment & Retention ◆ Performance & Training

Mr.
Ms.
Name: Mrs. _____
Last Name First Name Full Middle Name

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Message Phone: () _____

Email: _____ Are you 18 or older? Yes No

Position applying for: _____

City/Town: _____

POSITION <u>Check all service areas that you are interested in.</u> Your application may be submitted for future open positions in the service area checked	Youth Service <input checked="" type="checkbox"/>	Adult Service <input checked="" type="checkbox"/>	Administrative <input checked="" type="checkbox"/>
	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Administration
	<input type="checkbox"/> School Based	<input type="checkbox"/> Work Services	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Support Services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Human Resources
	<input type="checkbox"/> Case Management	<input type="checkbox"/> Case Management	<input type="checkbox"/> Accounting
	<input type="checkbox"/> Early Head Start		<input type="checkbox"/> IT
<input type="checkbox"/> Other: _____			

How did you hear about the position:	<input type="checkbox"/> Job Service	<input type="checkbox"/> Newspaper	<input type="checkbox"/> AWARE employee
	<input type="checkbox"/> AWARE web page	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> College Career Service
	<input type="checkbox"/> Other		

Have you ever worked for A.W.A.R.E., Inc.? Yes No

If yes Name Used: _____ Location: _____

Dates worked: _____

Military Services:

Branch of Service: _____ Dates of Service: _____

Duties/Special Training: _____



Employment History

Please start with your **most recent employer**.

Employer Name: Address: City/State/Zip:		Phone:	
		Available to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Employment Date	/ /	to / /
Supervisor:	Starting/Ending Wage	\$	\$
Duties:			
Reason for Leaving:			

Employer Name: Address: City/State/Zip:		Phone:	
		Available to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Employment Date	/ /	to / /
Supervisor:	Starting/Ending Wage	\$	\$
Duties:			
Reason for Leaving:			

Employer Name: Address: City/State/Zip:		Phone:	
		Available to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Employment Date	/ /	to / /
Supervisor:	Starting/Ending Wage	\$	\$
Duties:			
Reason for Leaving:			

You may print additional employment history pages if needed.



PROFESSIONAL REFERENCES

Professional Reference: Name	Phone - Work	
	Phone - Home	
Relationship		

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	Phone - Home	
Relationship		

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	Phone - Home	
Relationship		

Related Information:

- 1) Have you ever been convicted of a felony? Yes No
- 2) Have you EVER received a vehicular citation? Yes No
- 3) Do you have a valid Montana Driver License? Yes No

If No and issued from another state - please provide: State Issued and License Number: _____

If you answered yes to questions 1 or 2 above, please explain: _____

Names of friends/relatives employed by A.W.A.R.E., Inc.: _____

Signature: _____ **Date:** _____



EDUCATION

High School			
Name/Address:			
Phone:			
Did you receive a high school diploma or equivalency certificate (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
College, University or additional schooling	Major/Minor	Degree Received	
Name, Location, and Dates of Attendance		Circle one: B.S. B.A. Date Received	
<i>**NOTE: If you have obtained a BS/BA degree, please submit a copy of your degree and/or transcripts.</i>			
Name used while attending:			
Post Graduate		Degree Received /Date	
Name, Location, and Dates of Attendance			
<i>**NOTE: If you have obtained a MA/MS Post Graduate degree, please submit a copy of your degree and/or transcripts.</i>			
Name used while attending:			
Training Courses	Title of Course	Date	Current
Name, Location, and Dates of Attendance		completed	

I AUTHORIZE THE INSTITUTION(S) NAMED ABOVE TO RELEASE STATED INFORMATION TO A.W.A.R.E., INC.

Signature: _____

Date: _____



AUTHORIZATION FORM

Personnel Department

In order to complete your application file, it is necessary for us to complete a criminal, motor vehicle, child/adult protective services, education and employment background check and reference.

Please sign and date the authorization release below.

AUTHORIZATION: I, the undersigned, hereby authorize any agency, to include state and federal, institution or business, including my present employer to furnish any and all information contained in my records for the purpose of an employment background investigation.

I also authorize personal references to furnish the requested information they may have concerning me, and do hereby release such persons from all liability and damage for issuing such information.

PRINTED: _____

DATE: _____

SIGNED: _____