

# Montana Business Enterprises Program

## EMPLOYMENT APPLICATION

### 1. PERSONAL INFORMATION

Name:

Last

First

M.I.

Social Security Number:

Mailing Address:

Street or PO Box:

City, State, Zip Code:

Email address:

Phone:

**2. EDUCATION:** You may respond to this section on a separate sheet of paper if all relevant blocks are completed and the same format is followed. On each sheet write your name and the job title you are applying for.

**High School** Name and Location

Received Diploma or Equivalency Certificate?  Yes  No If "No," enter highest grade completed.

College, University and Other Schools -- Name and Location	Dates Attended (Month/Year)	Degree/ Certificate Received:	Degree/Certificate Date:  Major/Minor Field:

Training Courses Name and Location	Dates Attended (Month/Year)	Did you Complete?  Title/Description of Course	Total Hours

3. List <b>current</b> Professional Licenses, Registration, or Certifications			
Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

4. List other skills, education, experience and qualifications below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

**5. EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. **Begin with your present or most recent experience.** (Include military service, if any.) **List each promotion as a separate position.** Use Additional Employment Experience sheets as necessary. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed.

Name & Complete Address of Employer

Your Job Title:	Dates Employed: _____ to _____ Month/Year Month/Year
Type of Business:	Avg. Hrs. Per Week: _____ Time Employed: Years/Months
Immediate Supervisor(s):	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete Address of Employer

Your Job Title:	Dates Employed: _____ to _____ Month/Year Month/Year
Type of Business:	Avg. Hrs. Per Week: _____ Time Employed: Years/Months
Immediate Supervisor(s):	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Phone No.:	Volunteer

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete Address of Employer

Your Job Title: Type of Business: Immediate Supervisor(s): Phone No.:	Dates Employed:                    to Month/Year                    Month/Year Avg. Hrs. Per Week:                    Time Employed: Years/Months <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> <input type="checkbox"/> Volunteer
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**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete Address of Employer

Your Job Title: Type of Business: Immediate Supervisor(s): Phone No.:	Dates Employed:                    to Month/Year                    Month/Year Avg. Hrs. Per Week:                    Time Employed: Years/Months <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> <input type="checkbox"/> Volunteer
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**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

<b>6. Most Recent Medical Report</b>
Exam date _____
Any restrictions on activities? _____
<i>Please attach a copy of most recent eye exam to this application.</i>
<b>Note the following when applicable:</b>
Secondary disabilities _____
<b>Low Vision Aid Exam/Training/Adaptive Equipment</b>

LVA exam date \_\_\_\_\_

Does client have all LVA's necessary for daily living? \_\_\_\_\_

Has client been exposed to adaptive equipment related to vocational objective? \_\_\_\_\_

<b>7. Basic Skills:</b> Please answer the following questions:
<b>Bookkeeping and Accounting:</b> describe any course work or direct experience you have had in bookkeeping and accounting principles and systems.
<b>Computers and Other Technology</b>
a. Provide the brand and model of the computer you are currently using. How much RAM memory does it contain? How old is it?
b. What software programs do you use (or are familiar with) for word processing, spread sheets, and email? (e.g., Word for Windows XP; Outlook, etc.)
c. Do you have a fax machine?
d. Do you use any adaptive technology (e.g., "Jaws")?
e. Do you have a cellular phone?

f. Do you have access to a vehicle that could be used in operating a vending route?