

Application for Employment

Grains of Montana Bakery Operations
802 South 26th Street
Billings, MT 59101
phone (406) 294-0240
fax (406) 294-0242
www.grainsofmontana.com



ABOUT YOU

Name _____ Nickname _____

Social Security Number _____ - _____ - _____ Date _____

Home Phone _____ Mobile Phone _____

Home Address _____ State _____ Zip _____

Do you have reliable transportation to meet any scheduled shift? _____

Have you worked for us before? _____ If so, under what name? _____

Do you have friends and/or a family member that is currently working for us or that has worked for us in the past? If so, who? _____

Did anyone refer you to come and fill out an application? _____ If so, who? _____

Do you have a valid driver's license? _____ State _____ License _____

Is there any reason why you could not perform all physical aspects of this job (including the ability to lift up to 50 lbs. and/or rising early in the morning)? _____ If yes, please provide details.

ABOUT THE JOB

For what position are you applying? _____

Salary Requirements \$ _____ / _____

Which do you prefer? Full time work or Part Time Work _____

If part time, how many hours & days per week do you want to work?

Hours per week: _____ # of Days per Week: _____

When are you **NOT** available to work for us?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
List only the times you are NOT able to work							

ABOUT YOUR WORK EXPERIENCE

Please start with your most recent position

Company _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason For Leaving _____

Starting Salary \$ _____ / _____ Final Salary \$ _____ / _____

Supervisor's Name _____ Their Position _____ Phone Number _____

Major Responsibilities _____

What was your favorite aspect of this job? _____

Company _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason For Leaving _____

Starting Salary \$ _____ / _____ Final Salary \$ _____ / _____

Supervisor's Name _____ Their Position _____ Phone Number _____

Major Responsibilities _____

What was your favorite aspect of this job? _____

Company _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason For Leaving _____

Starting Salary \$ _____ / _____ Final Salary \$ _____ / _____

Supervisor's Name _____ Their Position _____ Phone Number _____

Major Responsibilities _____

What was your favorite aspect of this job? _____

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 I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its' agents with all information necessary to verify the statements I have made in the application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers before an offer of employment can be made. I understand that an incomplete or unsigned application will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon proving my identity and documenting my right to work. I understand these policies cannot be changed except in writing.

Signature _____

