



Prairie View Special Services

30 Hwy 200 S.
Glendive, MT 59330
(406)377-5446
www.pvssmt.org

Prairie View Special Services

Employment Application

Applicant Information

Full Name: _____ Date: _____
Name: _____ : _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree : _____

References

Please list three professional references.

Full Name:		Relationship:	
Company :		Phone:	
Address:			
Full Name:		Relationship:	
Company :		Phone:	
Address:			
Full Name:		Relationship:	
Company :		Phone:	
Address:			

Previous Employment

Company :		Phone:	
Address:		Supervisor :	

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

☐
☐

Company :		Phone:	
Address:		Supervisor :	

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

☐

NO

☐

Company
:

Phone:

Supervisor:

Address:

Job Title: _____

Starting

Salary: \$

Ending Salary: \$

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

☐

NO

☐

Military Service

Branch:

From:

To:

Rank at
Discharge:

Type of Discharge:

If other than honorable,
explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

: _____ : _____