

Last Name

Youth Employment Program, Inc. 730 N Montana Suite 2 Dillon MT 59725 (406) 925-3643

Employment Application

M.I.

Date

Street Address										Apartment/Unit #		
City					State						ZIP	
Phone					E-mail Address							
Date Available Social Sec			curity No.						Birthdate			
Position Applied for					'							
Are you a citizen of the United States?				N	NO \square If no, are you authorized to work in the U.S.? YES \square NO						rk in the U.S.? YES \(\square\) NO \(\square\)	
Have you ever worked for this company? YES				N	NO If so, when?							
Have you ever been convicted of a felony? YES				N	0 🗆	☐ If yes, explain						
E												
EDUCATION High School				Λ,	ddress							
	То	B:1 1 2										
From	10	Dia you gi	Did you graduate?		YES NO			Degree				
College		1			ddress							
From	То	Did you graduate?		YES NO				Degree				
Other					Address							
From	То	Did you graduate?		YES NO				Degree				
REFERENCES												
Please list three pro	fessional refere	nces.										
Full Name					Relationship							
Company						Phone ()						
Address												

First

Full Name					Relationship					
Company			Phone	()						
Address										
Full Name			Relationship							
Company			Phone	Phone ()						
Address										
Previous Employment										
Company					Phone ()					
Address					Supervisor					
Job Title			Starting Salary	\$		Ending Salary \$				
Responsibilities										
From	rom To Reason for Leaving									
May we contact you	r previous supervis	or for a reference?	NO 🗆							
Company					Phone ()					
Address					Supervisor					
Job Title			Starting Salary	\$		Ending Salary \$				
Responsibilities										
From	rom To Reason for Leaving									
May we contact your previous supervisor for a reference? YES NO NO										

Additional information.

- -Applicants may be tested for illegal drugs.
- -Leadership positions may be subject to a background check.
 -If you are under 18, there are limitations to work hours and travel. You will need parent signature on employee handbook
- -Leadership positions that are driving must have a valid driver's license
- -Positions that are lifting and working outdoors/remote locations will need to submit a disclosure of health conditions and release of medical treatment.
- -Feel free to attach a resume for additional work experience, or relevant skills.

DISCLAIMER AND SIGNATURE					
tify that my answers are true and complete to the best of my knowledge and that I have read the additional information disclosure.					
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					

Applications may be submitted with a hard copy delivered to the Dillon Office, (address on the header of the first page) or digital copy can be emailed to the Project Coordinator at dzrun@hotmail.com Feel free to call Dylan Zitzer at (406) 925-0767