

**Interviews Monday -Thursday 10-12 P.M. Please come dressed appropriately for an interview.**

## PRELIMINARY INTERVIEW SHEET

Please complete the following questionnaire and submit it with your application & resume to the receptionist or coordinator.

1. Do you have a telephone?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Do you have verifiable, prior work experience?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Are you willing to take a drug screen?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Will you release your criminal records (if applicable)?

YES \_\_\_\_\_ NO \_\_\_\_\_

1. How did you hear about us?

|                        |       |
|------------------------|-------|
| Missoulain             | _____ |
| Independent            | _____ |
| Yellow Pages           | _____ |
| Friend                 | _____ |
| Radio                  | _____ |
| Job Service / Referral | _____ |
| Job Service Website    | _____ |
| Other Website          | _____ |
| Other (please list)    | _____ |

# WORK FORCE, INC

## APPLICATION FOR EMPLOYMENT

(Please Print)

Date of Application \_\_\_\_\_

**A. Name:** \_\_\_\_\_ Social Security Number \_\_\_\_\_

(Last)

(First)

(MI)

**B. Residence:**

1. Present Address: \_\_\_\_\_  
(Street) (City) (State)  
(Zip)

1. Telephone: \_\_\_\_\_

**C. Personal Data:**

1. Are you age 18 or older? Yes (  ) No (  )
2. In case of emergency, please notify:
  - a. Name \_\_\_\_\_
  - b. Address \_\_\_\_\_
  - c. Phone \_\_\_\_\_
3. Citizenship: Will you be able to provide proof of identity and employment eligibility if hired?  
Yes: (  ) No: (  )
4. **For Driving Jobs Only:** Do you have a driving license? Yes: (  ) No: (  )  
License number: \_\_\_\_\_ Class \_\_\_\_\_
5. Do you have any criminal charges pending, or have you every plead guilty to a crime, forfeited bond, been convicted of a crime, including a plea of no contest or deferred prosecution, whether or not an appeal is pending? (Note: A conviction record will not necessarily bar employment.) Yes: (  ) No: (  )

If Yes, please describe: \_\_\_\_\_

**D. Educational and Training Background:**

1. Circle the highest grade completed: 1 2 3 4 5 6 7 8; High School: 9 10 11 12  
College: 1 2 3 4
2. Name of High School: \_\_\_\_\_  
Name of College: \_\_\_\_\_ Did you graduate? Yes: (  ) No: (  )  
College Major: \_\_\_\_\_ Course of Study: \_\_\_\_\_
3. Graduate work: \_\_\_\_\_
4. Apprentice or Trade School training: \_\_\_\_\_  
(Years/Months) (Years completed) (Subject) (School/Company)
5. Correspondence training: \_\_\_\_\_  
(Years/Months) (Years completed) (School)
6. Armed Forces or other training: \_\_\_\_\_  
(Years/Months) (Years completed) (School)

**A. Employment Desired:**

1. Position desired (preference order): a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_ Regular employee YES ( ) NO ( );  
 Temporary employee YES ( ) NO ( ); Part time employee YES ( ) NO ( )  
 If seeking temporary employment only, when would you expect to terminate? \_\_\_\_\_  
 Date you can start? \_\_\_\_\_ Salary or wage desired? \_\_\_\_\_
2. Are you able to perform all job related functions of the position for which you are applying, with or without accommodations? YES ( ) NO ( )
3. Are you willing to accept odd (nights, graveyard, or week end) or rotating shift hours? YES ( ) NO ( )
4. Are you employed now? YES ( ) NO ( ) If yes, may we inquire of your present employer?  
 YES ( ) NO ( )
5. Have you ever worked for or applied with Work Force before? YES ( ) NO ( ) If yes, when and where? \_\_\_\_\_
6. May we inquire any of your past employers? YES ( ) NO ( )

**F. Employment History:**(please complete with supervisor name and phone number, even if you have a resume)

|   | Current or last employer | Address | Telephone | Wage |
|---|--------------------------|---------|-----------|------|
| a. _____                                |                          |         |           |      |
| Duties/Responsibilities: _____          |                          |         |           |      |
| From: _____ To: _____ Supervisor: _____ |                          |         |           |      |
| Reason for leaving: _____               |                          |         |           |      |
| b. _____                                |                          |         |           |      |
| Duties/Responsibilities: _____          |                          |         |           |      |
| From: _____ To: _____ Supervisor: _____ |                          |         |           |      |
| Reason for leaving: _____               |                          |         |           |      |
| c. _____                                |                          |         |           |      |
| Duties/Responsibilities: _____          |                          |         |           |      |
| From: _____ To: _____ Supervisor: _____ |                          |         |           |      |
| Reason for leaving: _____               |                          |         |           |      |

**G. Past Experience:**

1. I have performed the following jobs for which I am presently qualified: (List order of skill)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

**Please review this form and make sure that you answered each item.**

I authorize investigation of all statements contained in this application. If employed, I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do work for which I am applying. I agree to comply with the employer's substance abuse program, including drug an/or alcohol testing as may be required.  
 If employed, I agree to conform to the rules of this company.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

# **WORK FORCE, INC**

**1700 Rankin St.**

**Missoula, MT 59808**

**Phone: (406) 543-3590**

**Fax: (406) 543-3876**

I, \_\_\_\_\_ authorize such  
(please print name)

investigation and the giving and receiving of ANY information requested by Work Force, INC. I release from liability ANY person or persons giving or receiving any such information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_