

PRELIMINARY INTERVIEW SHEET

Interviews Monday - Thursday 10:00am - NOON

Please come dressed appropriately for an interview.

Please complete the following questionnaire and submit it with your application and 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 _____

How did you hear about us (check all that apply)?

Missoulain _____

Yellow Pages _____

Friend (if so, whom?) _____

Radio _____

Job Service Job Board _____

Job Service Referral Email _____

Job Service website search _____

Other Website (if so, what?) _____

Other (Please list) _____

Work Force, Inc.

Application for Employment

(Please **PRINT**)

Date of Application: _____

Name: _____ **Social Security Number:** _____
(Last) (First) (MI)

A. Personal Information:

1. Present Address: _____
(Street) (City) (State) (Zip)

2. Telephone: (home) _____ (mobile) _____

3. *In case of emergency, please notify:*

Name _____ Phone _____

Address _____

4. Are you age 18 or older? Yes: () No: ()

5. If hired, can you provide proof of identity and employment eligibility? Yes: () No: ()

6. **For Driving Jobs Only:** Do you have a driver's license? Yes: () No: ()

State & License Number: _____ Class _____

7. Do you have any criminal charges pending or have you ever 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? Yes: () No: ()

If Yes, please describe: _____

(Note: A conviction record will not necessarily bar employment.)

B. Educational and Training Background:

1. Circle the highest grade completed: 1 2 3 4 5 6 7 8;

2. Name of High School: _____ High School: 9 10 11 12

3. Name of College: _____ College: 1 2 3 4

4. College Major: _____ Course of Study _____

5. Did you graduate? Yes: () No: () Graduate work: _____

6. Apprentice/Trade School/Correspondence training:

(Years/Months) (Years completed) (Subject) (School/Company)

7. Armed Forces or other training:

(Years/Months) (Years completed) (Division) (Specialty)

C. Employment Desired

1. Position(s) desired (in order of preference):

a. _____ b. _____
c. _____ d. _____

2. Seeking full time employment? YES () NO ()
3. Part time employment? YES () NO ()
4. Temporary employment? YES () NO ()

5. Date you can start? _____ Salary or wage desired? _____

6. If seeking temporary employment only, when would you expect to terminate? _____

7. Are you able to perform all job related functions of the position for which you are applying, with or without accommodations? YES () NO ()

8. Are you willing to accept odd (nights, graveyard, or weekend) or rotating shift hours? YES () NO ()

9. Are you employed now? YES () NO ()
If yes, may we inquire of your **present** employer? YES () NO ()

10. Have you ever worked for or applied with Work Force before? YES () NO ()
If yes, when and where? _____

11. 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	City/State	Telephone	Wage
a. _____	/ _____	/ _____	/ _____
Duties/Responsibilities: _____			
From: _____ To: _____ Supervisor: _____			
Reason for leaving: _____			

Current or last employer	City/State	Telephone	Wage
b. _____	/ _____	/ _____	/ _____
Duties/Responsibilities: _____			
From: _____ To: _____ Supervisor: _____			
Reason for leaving: _____			

Current or last employer	City/State	Telephone	Wage
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 fully.

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 or drug screen. 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 and/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 investigation and the
(please print name)
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: _____