



# EMPLOYMENT APPLICATION

Thank you for your interest in working with West Mont. West Mont is a non-profit organization committed to providing quality of life for adults with developmental disabilities. Our services including operating residential group homes, providing vocational training employment, nursing care, respite, and recreational activities to ensure our Clients live as independently as possible. Please review the application and completely fill out each section. Applications that are not completely filled out will not be considered. If you have questions regarding your application, contact us at 406-447-3100.

## PERSONAL INFORMATION

Today's Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Message # \_\_\_\_\_

Referral Source:  Walk-In  Recruitment Agency  Employee  
 Internet  TV/Radio/Newspaper Ad  Other \_\_\_\_\_

Have you ever worked for West Mont before?  No  Yes (dates) \_\_\_\_\_

Have you ever been convicted of a crime? *A conviction does not automatically disqualify you from employment, however, failure to accurately answer this question could prevent hiring or result in termination if discovered after employment begins. A "conviction" includes a finding of guilty, a plea of guilty, a plea of "no contest" or the equivalent, or a forfeiture of bond. A "crime" includes any criminal offense, misdemeanor, or felony with the exception of parking tickets and traffic offenses if: the traffic offense was committed more than three years before the date of this application and the penalty imposed was a monetary fine of less than \$100.*  
 No  Yes (explain) \_\_\_\_\_

## SCHEDULE PREFERENCES

Status Desired:  Full Time  Part Time  Hourly

Schedule Desired:  Mornings/Days  Afternoons/Evenings  Nights

Position Desired:  Direct Support  Other (specify) \_\_\_\_\_  
 LPN (license #) \_\_\_\_\_  CNA (certificate #) \_\_\_\_\_

## TRAINING EXPERIENCE

West Mont services may include transfer assistance, personal care such as dressing, bathing, meal preparation, housekeeping, transportation, vocational support, etc. Please indicate your experience providing services to the following:

Males  Elderly  Physically Disabled  Any Client Type  
 Females  Children  Other Disabled

What training experiences do you have that qualify you for this position? (Include on the job training, specialized training, courses, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Name	Location	Dates Attended	Degree/Certification

**WORK EXPERIENCE (List your most recent present and past employment, beginning with the most recent.)**

**Business Name** \_\_\_\_\_ **Business Location** \_\_\_\_\_  
**Supervisor Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Start & End Dates** \_\_\_\_\_ **Start & End Wage** \_\_\_\_\_  
**Reason for Leaving?** \_\_\_\_\_ **May We Contact?** \_\_\_\_\_  
**Job Title & Duties** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Business Location** \_\_\_\_\_  
**Supervisor Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Start & End Dates** \_\_\_\_\_ **Start & End Wage** \_\_\_\_\_  
**Reason for Leaving?** \_\_\_\_\_ **May We Contact?** \_\_\_\_\_  
**Job Title & Duties** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Business Location** \_\_\_\_\_  
**Supervisor Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Start & End Dates** \_\_\_\_\_ **Start & End Wage** \_\_\_\_\_  
**Reason for Leaving?** \_\_\_\_\_ **May We Contact?** \_\_\_\_\_  
**Job Title & Duties** \_\_\_\_\_

**REFERENCES (Not including relatives.)**

Name	Reference Type	Phone Number

**AUTHORIZATION**

*I voluntarily give West Mont the right to make an investigation of my past employment as specified above, other activities related to the position for which I am applying and a background check, and agree to cooperate in such an investigation. I give permission for West Mont to obtain information about me from present and past employers and personal references unless otherwise noted above. I understand that some positions may require specific licensing or other credentials, and that, if hired, continued employment will be based on satisfactory completion of all required licensing. I certify that all information provided on this application and other papers is correct to the best of my knowledge, and that if it should be found that any information presented is untruthful, it may prevent hiring or result in termination if discovered after employment begins. I further understand West Mont is committed to equal employment opportunity and does not unlawfully discriminate on the basis of race, religion, creed, sex, age, color, national origin, disability, marital, or veteran status. I understand that if I am employed by West Mont, the first six (6) months will be a probationary period. I further understand that employees within this probationary period may be terminated at will, on notice to the employee, and without good cause.*

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Signed Date



## EMPLOYMENT BACKGROUND AUTHORIZATION

Thank you for your interest in working with West Mont. West Mont's contract with the Department of Public Health and Human Services Developmental Disabilities Program requires a criminal background check of all applicants through the Department of Justice (DOJ) and Office of the Inspector General's (OIG) exclusion list. Applicants with any type of conviction are required to be reviewed and approved by Human Resources prior to being hired. Please see West Mont Policy 400.01 Screening and Hiring of Applicants for questions or contact Human Resources at 406-447-3100.

### PERSONAL INFORMATION

Social Security # \_\_\_\_\_

Full Legal Name

First Name

Middle Initial

Last Name

Street Address

City

State

Zip Code

List up to four Aliases: *(including maiden names)*

First Name

Middle Initial

Last Name

First Name

Middle Initial

Last Name

First Name

Middle Initial

Last Name

First Name

Middle Initial

Last Name

### AUTHORIZATION

*I understand that West Mont will be performing an investigation of my background and activities related to the position for which I am under consideration, and I agree to cooperate with such an investigation. I also understand that hiring, or continued employment, may be based on satisfactory background checks.*

Signed Name

Signed Date

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**PLEASE NOTE: THE INFORMATION BELOW THE DASHED LINE WILL BE DESTROYED BY WEST MONT HUMAN RESOURCES UPON COMPLETION OF THE BACKGROUND CHECK.**

Date of Birth \_\_\_\_\_

Month / Day / Year