



1505 Avenue D
Billings, MT 59102
406-259-9666

APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For _____ Date _____

How Did You Learn About Us?

- Advertisement Relative Inquiry
- Employment Agency Friend Other _____

PERSONAL INFORMATION

Name _____ Phone _____

Address _____

City _____ State/Zip _____

Message Phone _____ E-mail _____

GENERAL INFORMATION

Type of employment desired: () Full-time () Part-time () Temporary () Seasonal Shift Desired _____

On what date would you be available to work? _____

Do you need an accommodation to participate in the application or interview process? Yes No

Are you legally eligible for employment in the United States? Yes No

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, please explain: _____

(A conviction will not necessarily automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

**ADULT RESOURCE ALLIANCE IS AN EQUAL OPPORTUNITY EMPLOYER.
WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN,
MARITAL STATUS, MILITARY STATUS, OR DISABILITY.**

EMPLOYMENT HISTORY

Please fill this section out completely and do not write "see resume." Begin with your most recent employment.

Company Name Address

Job Title: _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____/____/____ End ____/____/____ Phone # _____

Reason for leaving _____ Person to Contact: _____

Company Name Address

Job Title: _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____/____/____ End ____/____/____ Phone # _____

Reason for leaving _____ Person to Contact: _____

Company Name Address

Job Title: _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____/____/____ End ____/____/____ Phone # _____

Reason for leaving _____ Person to Contact: _____

Company Name Address

Job Title: _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____/____/____ End ____/____/____ Phone # _____

Reason for leaving _____ Person to Contact: _____

If you need additional space, please continue on a separate sheet of paper.

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	CIRCLE LAST GRADE COMPLETED	MAJOR & DEGREE
High School			10 11 12	
College			1 2 3 4	
College			1 2 3 4	
Business or Trade School			1 2 3 4	

ADDITIONAL INFORMATION

Skills and Qualifications: Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Please list any applicable Specialized Training you have received/completed:

DRIVING RECORD INFORMATION (If applicable to position)

Do you have a driver's license? Yes No

If yes, list name of state and expiration date. _____

For all driver's licenses you have had issued within the past 10 years, list the state(s) and year(s) of issue.

Prior to employment, the Company will request authorization to check your driving record for moving violations and "charge" accidents for the past five years. List any moving violations and chargeable accidents you have had for the past five years.

REFERENCES

Professional References: List persons not related to you, who would be familiar with your knowledge, skills and abilities applicable to the position you are applying for.

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with **Adult Resource Alliance** is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from **Adult Resource Alliance's** service, whenever it is discovered.

I expressly authorize **Adult Resource Alliance** and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **Adult Resource Alliance** or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that **Adult Resource Alliance**, does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date: ____/____/____

Signature _____

ADULT RESOURCE ALLIANCE is an equal opportunity employer.