

90 Northern Lights Blvd I TheBirdsNestMT.wix.com/Home I 406.499.2453 (cell) I 406.730.5025 (fax) I est. 2014

Applicant Information				
Full Name:			Date:	
Address:				
Street Address Home Phone:		City ail:	State/Zip	
			US or authorized to work in the US? Yes	Nc
Preliminary Background Check I	nformation and Tr	aining		
Previous names used:				
Date of Birth:/ \$5	SN:	Have yo	ou ever been convicted of a felony? Yes	No
to obtain training certifications. The	nese are initially p	oaid for by the emp	d check. After employment you are requir loyee, after six months, employees in go the necessary paperwork for employment	00
Background investigation \$0 Y	N On File	Practitioner Regist	ry Enrollment \$0 Y N On File	;
CPR/First Aid Training \$40-\$75 Y	N On File	Additional classes	as mandated by the state? Y N On File	;
Availability, Compensation, and	Basic Job Functio	ons		
Date Available:	Position Applied f	or:	Desired Salary:	
Availability: ☐ Substitute (as needed)	Basic Job Yes No	Functions: Can you regularly	lift 20-50 lbs?	
□ Part-Time (hrs/wk)	Yes No	Can you actively p	olay with children without accommodation	١Ş
☐ Full-Time (35-40 hrs/wk) Desired Schedule:	Yes No	of scheduled shifts	complete online/classroom trainings outside , some being scheduled in the evenings or d for by employer when deadlines are met	r
Monday Tuesday	Yes No	•	upon to arrive on time for each shift?	•
Wednesday - Thursday - Friday -	Yes No	months of employ	upon to miss no more than 1 day in the firs ment? (if you are not feeling well, you may to work until we can get your shift covere	/
Education (diplomas and transcr	ipts required upo	n being hired)		
High School:		Have you graduc	ted? Y N Year of graduation:	
College:	City/\$t:			
From:To:	Did you graduate? Y N Degree:			
Other:	City/St:			
From:To:	Did you graduate? Y N Degree:			
References (must not be related	to applicant)			
Name:	Relatio	onship:	Phone:	
Name:		onship:	Phone:	
Name:	Relatio	onship:	Phone:	

Activities						
•			nay exclude membership which would revea			
gender, race, religi	ion, national on	gin, age, ancestry, disability, or other pr	olected status.			
Military Service						
			Rank at discharge:			
		Other than honorable please explo	n:n::n:			
	-	th most recent employer				
			City/State:			
Supervisor Name: _		Phone number	r: ()			
Job Title:		Starting Salary:	Ending Salary:			
From:	To:	Reason for leaving:				
Company Name:			City/State:			
			:(
			Ending Salary:			
			triding saidly.			
110III	10	Reason to leaving.				
Company Name:		City/State:				
Supervisor Name: _		Phone number	~: (
Job Title:		Starting Salary:	Ending Salary:			
From:	To:	Reason for leaving:				
Company Name:			City/State:			
			City/State: Phone number: ()			
			Ending Salary:			
		Reason for leaving:				
		Reason for leaving.				
Disclaimer and Signature 11 is the policy of Th	•	to provide equal employment opportu	nities to all applicants and employees withou			
			ational origin, age, disability or veteran status.			
			accurate. I understand that providing false on ployment commences, immediate termination			
			ered a specific written contract of employmen			
			ip will be "at-will." In other words, the relationship o terminate the employment relationship at an			
time and without co		ind enner i di my employer will be dble id	reminate the employment relationship at any			
INITIALS			st, Inc is authorized to contact my references			
		y employers of mine regarding my empl cate information regarding my previous er	loyment and education. I also authorize these mployment, attendance, and grades.			
I HAVE CAREFULLY R	EAD THE ABOVE	CERTIFICATION AND I UNDERSTAND AND	AGREE TO ITS TERMS.			
Signature		Print	Date			