

Mid-Rivers COMMUNICATIONS



Headquarters Building – 904 C Avenue, Circle, MT 59215 (406) 485-3301
 Human Resource Office – 105 Seven Mile Drive, Glendive, MT 59330 (406) 687-3336

Mid-Rivers is an equal opportunity employer in compliance with Mont. Code Ann. 49-2-303. Applicants will be considered without regard to race, creed, religion, color, or national origin or because of age, physical or mental disability, marital status or sex when the reasonable demands of the position do not require an age, physical or mental disability, marital status or sex distinction. Mid-Rivers will consider making reasonable accommodation for applicants with physical or mental disabilities if it will allow them to perform the essential functions of the job.

(PLEASE PRINT OR TYPE)

Positions(s) Applied for:	Date:
How Did You Learn About Us? Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Internet <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other <input type="checkbox"/>	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			

Have you ever filed an application with us before? No Yes When? _____

Have you ever been employed with us before? No Yes When? _____

Are you currently employed? No Yes

May we contact your present employer? No Yes

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? No Yes

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full time Part Time Shift Work Temporary

Can you travel if a job requires it? No Yes

Have you been convicted of a felony within the last ten years? No Yes

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any honors you have received.

State any additional information you feel may be helpful to us in considering your application.

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:

REFERENCES

Give name, address and telephone number of three **employment** references who are not related to you (do not list Mid-Rivers' employees).

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Employer	Telephone () -
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Hourly Rate/Salary Start _____ Last _____
State job title and the work you performed	
Reason for leaving	

Employer	Telephone () -
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Hourly Rate/Salary Start _____ Last _____
State job title and the work you performed	
Reason for leaving	

Employer	Telephone () -
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Hourly Rate/Salary Start _____ Last _____
State job title and the work you performed	
Reason for leaving	

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

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences.

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I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that if I am employed by MRC, false or misleading statements on this application will be considered to be good cause for dismissal from employment.

I hereby authorize MRC to investigate the information contained on this application and to contact each of the references listed in this application, any previous employers, and, if I have so authorized, to contact my current employer. I hereby authorize, and request every person, firm, company, corporation, government agency or other institution having control of any documents or information relating to my competence, ethics, character, experience, qualifications, and fitness for employment at MRC to provide this information to the agent or representative of MRC for consideration in connection with my employment application. I hereby release any person or entity providing information pursuant to this authorization from any and all liability for providing the information requested.

I understand that if I am selected for employment, the job offer is conditional only, pending the results of a medical exam. I will be required to take a physical examination prior to the commencement of employment, which medical examination shall be by a doctor selected by MRC and at MRC's expense. The doctor will give a medical opinion regarding my ability to perform the job for which I am being considered.

I understand and agree that if hired, my employment shall have no definite period and may be terminated pursuant to applicable Law by MRC. I further understand that all newly hired employees are subject to a six month probationary period which may be extended at the sole discretion of MRC.

Signature

Date

DO NOT WRITE BELOW THIS LINE

Interviewed by _____

Hired YES NO DATE: _____

POSITION: _____ DEPARTMENT: _____

Medical Exam Performed By: _____ DATE: _____

Medical Report Reviewed and Approved By: _____

Revised 3/24/11

Mid-Rivers COMMUNICATIONS



105 SEVEN MILE DRIVE, GLENDIVE, MT 59330
(406) 687-3336

REFERENCE AUTHORIZATION

Applicant Name: _____	Today's Date: _____
Social Security #: _____	
Reference Name: _____	Position Applied For _____
Reference Address: _____	

Position Held: _____	
Employment Dates: _____	

The above-mentioned individual has made application with our facility for employment and has authorized the release of any information you may have in regard to his/her past employment record. You will greatly assist us in estimating the applicant's qualifications for employment if you will furnish the information requested below. A self-addressed, stamped envelope is enclosed for your convenience.
Bill Wade, General Manager

- Are the above employment dates correct? ____ If not, please give correct dates: _____
 - What was the applicant's position or job? _____
 - Why did applicant leave your employment? _____
 - Would you re-employ this individual? ____ If not, please explain. _____
-
- How did applicant relate with co-workers? _____
 - Did applicant display a desire to learn? _____
 - Would you recommend that we employ this person in this position? _____
 - Was applicant's attendance: Excellent Good Poor (Please check one)
 - Which term best describes the level of the supervision that applicant needed:
 Seldom Occasionally Frequently Constantly (Please check one)
 - Please indicate the most applicable description:

QUALIFICATIONS	EXCELLENT	GOOD	FAIR	POOR
QUALITY OF WORK				
QUANTITY OF WORK				
DEPENDABILITY				
COOPERATION				
INITIATIVE				
CHARACTER				
APPEARANCE				

DATE: _____ Signature: _____ Title: _____
I have applied with Mid-Rivers Communications, for employment, and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my previous employment with your organization, and I hereby release you from any and all liability or damages for providing the information requested.

Date: _____ Signature of Applicant: _____