



APPLICATION FOR EMPLOYMENT

Box 812 HWY 83 N MM17
Seeley Lake, MT 59868 406.677.2433
www.tamaracks.com info@tamaracks.com

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious beliefs, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Date: _____

Name: Last _____ First _____ MI _____ Phone: _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____

Position applied for: _____ Start Date: _____

Desired Wage \$ _____ .00 per hour How did you hear of this opening? _____

Have you applied at the Tamaracks Resort before? Yes No If yes, what year? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

Are you looking for full time employment? Yes No

If No, what hours are you available? _____

Are you willing to work swing shift? Yes No

Are you willing to work graveyard? Yes No

Have you ever been convicted of a felony? Yes No

Education: School Name Location Year Degree

High School: _____, _____, _____, _____

College: _____, _____, _____, _____

Other: _____, _____, _____, _____

Employment History: (start with most recent employer)

Company Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Starting Wage \$ _____ Starting Position _____

End Date _____ Ending Wage \$ _____ Ending Position _____

Supervisor Name: _____ May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____



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In addition to your work history, are there any other skills, qualifications or experience we should consider?

Attach any additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager or executive of this company other than the owner has the authority to alter the foregoing.

Print _____

Sign X _____ Date _____

This is a digital print copy, upon interviewing you will be required to sign this document.