

# CMC Application for Employment

## Cabinet Mountain Cooperative

P.O. Box 1448  
Thompson Falls, MT 59873  
(406)827-3007

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Federal law requires proof of citizenship (I-9). Such proof must be provided within, but never more than, three (3) business days of the employee's first work day.

(PLEASE PRINT)

Positions(s) Applied For	Date of Application
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Last Name	First Name	Middle Initial			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Email				

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Have you ever filed an application with us before?

Yes  No

If Yes, give date

\_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If Yes, give date

\_\_\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

*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  Temporary

Are you currently on "lay-off" status and subject to recall?

Yes  No

Have you been convicted of a felony within the last 7 years?

Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

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# Education

	High School				Business/Technical			College/University				Post Graduate Education		
School Name and Location														
Circle Highest Yr. Completed	9	10	11	12	1	2	3	1	2	3	4	1	2	3
Diploma/Degree	Diploma _____				AA _____ AS _____			BA _____ BS _____				MA ___ MS___ PhD/EdD___		
Describe 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														
Please indicate the number of graduate credits you have earned beyond your most recent degree: _____ ( ) Quarter Hrs ( ) Semester Hrs														

## 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, place of work, position, and telephone number of 4 references who are not related to you and are not previous employees.

1.
2.
3.
4.

Have you ever had any job-related training in the United States military?

Yes  No

If Yes, please describe

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Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes  No

# Employment Experience

Start with your present or last employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>1. Employer</b>		<b>Length of Service</b>		<b>Work Performed</b>
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving		May we contact this Employer? Yes___ No___		
<b>2. Employer</b>		<b>Length of Service</b>		<b>Work Performed</b>
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving		May we contact this Employer? Yes___ No___		
<b>3. Employer</b>		<b>Length of Service</b>		<b>Work Performed</b>
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving		May we contact this Employer? Yes___ No___		
<b>4. Employer</b>		<b>Length of Service</b>		<b>Work Performed</b>
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving		May we contact this Employer? Yes___ No___		

*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 experience.

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# Applicant's Statement

## ***Important: Read Before Signing***

I have read and understand each part of the application, and certify that all of the statements made on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information I have provided may be verified, and that engaging in any fraud, misrepresentation, deception, or concealment of information sought in this application, or any other failure to furnish truthful and complete information to the cooperative/member school district in applying for this position shall result in rejection of my application, or, if discovered after I am hired, shall result in immediate termination of my position with the cooperative/member school district. It is understood and agreed that, in the event I am considered for employment by the Cabinet Mountain Cooperative, a fingerprint background check will be required.

I agree, if employed, to devote my best efforts to the performance of my duties, to comply with all rules and regulations of the employer, and to obey all lawful directives of supervisors designated by the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applications may be mailed to:  
Cabinet Mountain Cooperative  
P.O. Box 1448 - Thompson Falls MT 59873  
Phone: (406)827-3007 Fax: (406)827-3020

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks  
\_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Hourly Rate/Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date

### NOTES

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**CABINET MOUNTAIN COOPERATIVE  
IS AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER**

State Law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of Equal Opportunity laws.

This statement will be filed separately from all of your other employment records. As required by state law, it will be available only to the Cooperative Personnel Department and Federal and state Employment Enforcement Officers.

Complete the following information and return with your completed application to SANDERS COUNTY EDUCATIONAL SERVICES COOPERATIVE.

SEX:        \_\_\_\_\_ Male                      \_\_\_\_\_ Female                      DATE: \_\_\_\_\_

ETHNIC GROUP: CHECK ONE (1) OF THE FOLLOWING.

- \_\_\_\_\_ ALASKA NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
  
- \_\_\_\_\_ AMERICAN INDIAN: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
  
- \_\_\_\_\_ ASIAN AMERICAN: A person having origins in any of the original peoples of the Indian Subcontinent, the Pacific Islands, or the Far East. Examples: China, Japan. Korea.
  
- \_\_\_\_\_ BLACK: (Not of Hispanic Origin) A person having origins in any of the Black racial groups of Africa.
  
- \_\_\_\_\_ FILIPINO: A person having origins in any of the original peoples of the Philippine Islands.
  
- \_\_\_\_\_ SPANISH AMERICAN: A person of Mexican, Puerto Rico, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
  
- \_\_\_\_\_ WHITE: (Not of Hispanic Origin) A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
  
- \_\_\_\_\_ OTHER:(Specify) \_\_\_\_\_

**YOUR APPLICATION IS INCOMPLETE WITHOUT THIS SHEET.**