

860 N. Meridian A8
 Kalispell, Montana
 59901



Kalispell Office 406 257-4930
 Marion Office 406 854-2029
 Fax 406 257-4930

EMPLOYMENT APPLICATION

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

PERSONAL INFORMATION

Last Name		First Name		Middle	Social Security Number	Date of Birth
Street Address			P.O. Box/Apartment	City	State	Zip Code
Home Telephone	Mobile Telephone	Other Phone		Email Address		
Do you have reliable transportation? Yes No		To aid in our verification, please list any other name(s) by which you have been known:				
Do you have a valid Montana State Driver's License? Driver's License Number: Please list any other state in which have held a drivers license:						Yes No
Have you ever been convicted of a felony? If so, please list each Location, Charge, and Disposition:						Yes No
Has your Driver's License ever been Suspended or Revoked for Any Reason? If so, please list each Date, Location, and Reason:						Yes No
Please describe your physical health:						
Do you currently have any special or technical certifications (CDL, CPR, etc)? If so, please list certification type, location and date.						Yes No
Are you currently employed?						Yes No

Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.? (Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)		Yes	No
What is your Highest Level of Education?	High School Bachelor's Degree	Some College Graduate Degree	
Please list any Colleges/Universities you have attended (including dates and locations):			
Please list any Technical Schools you have attended, including date and location:			

EXPERIENCE

Beginning with your present or most recent paid or volunteer position, list your last three employers, including military service. These employers may be contacted for reference purposes.				
1. Name of Organization		Complete Address		Telephone Number
Title		Supervisor's Name		
Date of Employment From: _____ To: _____				
Reason for Leaving:			If still employed may we contact? Yes No	
2. Name of Organization		Complete Address		Telephone Number
Title		Supervisor's Name		
Date of Employment From: _____ To: _____				
Reason for Leaving:				
3. Name of Organization		Complete Address		Telephone Number
Title		Supervisor's Name		
Date of Employment From: _____ To: _____				
Reason for Leaving:				

PERSONAL REFERENCES

List three persons who know your qualifications and professional experience. Do not list relatives or supervisors mentioned under "Experience" section. These references will be checked.

1.	Last Name	First Name	Middle Initial	Occupation
Business or Home Address				Telephone Number
2.	Last Name	First Name	Middle Initial	Occupation
Business or Home Address				Telephone Number
3.	Last Name	First Name	Middle Initial	Occupation
Business or Home Address				Telephone Number

PERSONAL SKILLS

List any other skills, abilities or experience you possess that you believe may be relevant to this position (include special equipment):

EMERGENCY CONTACT INFORMATION

1.	Last Name	First Name	Relation
Business or Home Address			Telephone Number(s)
2.	Last Name	First Name	Relation
Business or Home Address			Telephone Number(s)

PHOTOGRAPH IDENTIFICATION NECESSARY

You must submit a copy of an official federal or state photograph identification card with this application. Examples of such identification are: driver's license, state identification card, passport, and military identification. Examination of the original document is required prior to any offer of employment.

PRE-EMPLOYMENT PHYSICAL EXAMINATION MAY BE REQUIRED

GT Masonry is concerned that every employee/volunteer has the physical ability to safely perform his or her essential job functions. If you are offered employment, GT Masonry may require a pre-employment physical examination. The physical examination is intended to evaluate whether or not you can safely perform essential

job functions without risks to yourself, coworkers and/or the public.

RANDOM DRUG TESTING

Employees holding jobs that are Safety Sensitive Positions (i.e. positions requiring a Commercial Driver's License) are required, under federal law, to participate in random drug and alcohol testing programs. GT Masonry strongly supports maintaining a Drug Free Work Place.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

As an equal opportunity employer, GT Masonry does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disability, marital status, prior military service, political affiliation, or any other legally protected status.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

I hereby certify that all statements made in this application statement are complete and true, to the best of my knowledge. I understand and agree that any false or misleading statement shall be considered sufficient cause for disqualification or discharge from employment.

I authorize my current and former employer(s), unless otherwise indicated, to provide GT Masonry all available information regarding my current and former employment and volunteer positions.

I am willing to take a pre-employment physical examination or any further testing or training required, if I am offered employment. I agree to submit to a polygraph (lie detector) examination, physical examination, and background investigation if required. I agree to submit any and all information on my military service career, if any, including discharge papers and military history during my tour of duty.

I authorize GT Masonry to investigate any of the information in this application.

Signature of Applicant

Date