



Great Falls Rescue Mission  
A Beacon of Hope Since 1963

408 2<sup>nd</sup> Avenue South • PO Box 129  
Great Falls, MT 59403  
(406) 761-2653  
www.greatfallsrescuemission.org

## EMPLOYMENT APPLICATION

**POSITION DESIRED** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **SOCIAL SECURITY NO.** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **TELEPHONE NO.** \_\_\_\_\_(home)  
\_\_\_\_\_ (work)

Are you 18 years old or older? \_\_\_\_ Yes \_\_\_\_ No

Are you a citizen of the United States of America? \_\_\_\_ Yes \_\_\_\_ No (if not, explain your status) \_\_\_\_\_  
\_\_\_\_\_

How did you hear about this position? \_\_\_\_ Newspaper \_\_\_\_ Church \_\_\_\_ Word of Mouth \_\_\_\_ Other \_\_\_\_\_

### EDUCATION:

	<u>YEARS</u>	<u>SCHOOL/ADDRESS</u>	<u>MAJOR</u>	<u>DEGREE/DIPLOMA</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate	_____	_____	_____	_____

Other training/skills/activities (i.e. trade schools, training, seminars) that would qualify you for the job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT** (Begin with current or most recent jobs and work back. Explain any significant breaks between jobs.)

(1) **EMPLOYER** \_\_\_\_\_ Dates: Began \_\_\_\_\_ Ended \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**Describe your job** (i.e. duties, responsibilities, supervision of employees, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving** \_\_\_\_\_  
\_\_\_\_\_

(2) **EMPLOYER** \_\_\_\_\_ Dates: Began \_\_\_\_\_ Ended \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
**Describe your job** (i.e. duties, responsibilities, supervision of employees, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving** \_\_\_\_\_  
\_\_\_\_\_

(3) **EMPLOYER** \_\_\_\_\_ Dates: Began \_\_\_\_\_ Ended \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
**Describe your job** (i.e. duties, responsibilities, supervision of employees, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving** \_\_\_\_\_  
\_\_\_\_\_

(4) **EMPLOYER** \_\_\_\_\_ Dates: Began \_\_\_\_\_ Ended \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
**Describe your job** (i.e. duties, responsibilities, supervision of employees, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving** \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer? \_\_\_\_ Yes \_\_\_\_ No  
Use a separate sheet of paper to list other significant jobs.

**REFERENCES** (at least three persons [not relatives] with knowledge of your character and qualifications)

NAME                      ADDRESS                      PHONE NO.      YEARS KNOWN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE A VALID DRIVER'S LICENSE?** \_\_\_\_ Yes \_\_\_\_ No State \_\_\_\_ License No. \_\_\_\_\_

List traffic accidents and convictions (moving violations only) for the last five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT CERTIFICATION** (Expiration Date) First Aid \_\_\_\_\_ CPR \_\_\_\_\_ Other \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU?** \_\_\_\_ Yes \_\_\_\_ No If yes, please explain in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU EVER BEEN UNDER INVESTIGATION FOR MISCONDUCT RELATING TO CHILDREN?**  
(police, child protection, employer, etc.) \_\_\_\_ Yes \_\_\_\_ No If yes, please explain in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF ORGANIZATIONS YOU BELONG TO** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE YOUR RELATIONSHIP WITH THE LORD JESUS CHRIST. INCLUDE YOUR SALVATION EXPERIENCE** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCAL CHURCH AFFILIATION:**

Church Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Pastor's Name (or other church leader) \_\_\_\_\_ Phone No. \_\_\_\_\_

Length of Attendance \_\_\_\_\_ Positions Held \_\_\_\_\_

Why do you want to be a part of the Great Falls Rescue Mission team? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

I certify that the information provided in this application is true and accurate, and I hereby authorize the Great Falls Rescue Mission to verify the information included in this application and waive any rights to confidentiality, including any applicable criminal history record checks, reference checks, employment verifications, etc.

I authorize investigation of all statements herein and release the Great Falls Rescue Mission and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee and any agreement to the contrary must be in writing and signed by the Executive Director. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of time of discovery.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_