# SEASONAL EMPLOYMENT APPLICATION

Northwestern Agricultural Research Center  
4570 MT Hwy 35  
Kalispell, Montana 59901  
Phone: (406) 755-4303  
Fax: (406) 755-8951  

**Please Print:**

Name: ____________________________  
Phone: ____________________________  
  Daytime phone number  
  Cell phone number  
  Message phone  
Email: ____________________________  
Address: ____________________________  
  Street Address or PO Box  
  City  
  State & Zip Code  
Alternate Address: ____________________________  
  Street Address or PO Box  
  City  
  State & Zip Code  

Position for which applying: ____________________________  

If under the age of 21, please print your birthdate below. Montana law restricts certain duties depending on age.  
Year:  
Month:  
Day:  

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**Employment History**  
List present or most recent experience first - military experience and volunteer work may be included. Résumés may be included but may not be substituted for the completed application.  

<table>
<thead>
<tr>
<th>Dates (Mo/Yr) From</th>
<th>To</th>
<th>Employer Name &amp; Address</th>
<th>Supervisors Name</th>
<th>Employer’s Phone Number</th>
<th>Give your position title &amp; describe duties, be specific.</th>
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If more space is needed to list employment for the past five years, please write on a separate sheet of paper and attach to this application.  

Please continue to the other side of this page.
Education

<table>
<thead>
<tr>
<th>School</th>
<th>Name and Location</th>
<th>Number of Years Completed</th>
<th>Major course of study</th>
<th>Diploma or degree</th>
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<td>High School</td>
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<td>College or University</td>
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<td>Other (specify)</td>
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Professional Licenses, Certificates, etc: ____________________________________________________________

Professional references (most recent supervisors are preferred). Do not list relatives.

1. ____________________________________________
   Name ___________________________  Title ________________  Current Phone ________
   Name of Company/Organization/School ____________________________  Address ____________

2. ____________________________________________
   Name ___________________________  Title ________________  Current Phone ________
   Name of Company/Organization/School ____________________________  Address ____________

3. ____________________________________________
   Name ___________________________  Title ________________  Current Phone ________
   Name of Company/Organization/School ____________________________  Address ____________

I hereby authorize Montana State University/Northwestern Agricultural Research Center to inquire into my previous employment with any or all of my former places of employment with no liability arising therefrom. I hereby certify that the above information is true and complete to the best of my knowledge. I am aware that failure to provide any required information or falsification or misrepresentations of that information is grounds for dismissal or disqualification from employment with Montana State University/Northwestern Agricultural Research Center.

Date: ___________________________  Signature: ___________________________

Additional Information: Please give any additional information that may more fully describe your qualifications and capabilities. This space may be used to continue descriptions of your education or experience.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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MSU/NWARC is an ADA/EEO/AA Employer