



EMPLOYMENT APPLICATION
 Montana State University
 Western Triangle Ag Research Center
 9546 Old Shelby Rd; P.O. Box 656
 Conrad, MT 59425
 Phone: 406-278-7707 Fax: 406-278-7797



Are you currently or will you be this Fall registered for 6 or more College credits? Yes No

Are you enrolled in the Work Study program? Yes No

Are you employed by any other department on campus? Yes No

If so, which department? _____

Availability (Check those which apply)

Days only _____ Early morning/evening _____ Days & Nights _____

Saturday _____ Sunday _____

Days and hours preferred _____ What date would you be able to start? _____ Anticipated last day of work _____

PLEASE DO NOT WRITE IN THE SPACE

Date Hired: _____ Starting wage: _____

Position: _____

Project: _____

Project Supervisor: _____

Please type or print

NAME _____
Last First Middle

LOCAL ADDRESS _____
Street City State Zip

PHONE _____
Home (days) Message

E-MAIL ADDRESS _____

PERMANENT ADDRESS _____
Street City State Zip

In case of emergency notify _____
Name Phone

Address _____

EDUCATION

Institution Name and Address

Circle last
Year completed

High School _____

9 10 11 12

College currently or this Fall _____

1 2 3 4

Other (specify) _____

1 2 3 4

College Major: _____

EMPLOYMENT HISTORY (begin with most recent)

Employer: _____

Supervisor: _____

Address: _____

Dates: / / to / / Job Title: _____

Starting Wage: _____ Ending Wage: _____

Duties: _____

Reason for Leaving: _____

Employer: _____

Supervisor: _____

Address: _____

Dates: / / to / / Job Title: _____

Starting Wage: _____ Ending Wage: _____

Duties: _____

Reason for Leaving: _____

List tools, equipment, or office machines you have operated: _____

Do you have a valid driver's license? Yes No State: _____

List Professional Licenses - Certifications _____

Special skills know related to job: _____

REFERENCES

Name	Occupation	Address	Phone No.

I hereby guarantee the correctness of the above statements. The making of any false statement will be sufficient cause for disqualification or dismissal.

Signature _____ Date _____

MSU/WTARC is an ADA/EEO/AA employer