

# AMEND PARK

## EMPLOYMENT APPLICATION

Please complete this application by typing or printing in ink.  
Email completed application to:  
admin@amendpark.org  
or mail to:  
Amend Park, PO Box 1231, Billings, MT 59103-1231

### PERSONAL DATA

Full Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
Street / P.O. Box City State Zip Code  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### EDUCATION

High School Diploma/GED/HiSET? Yes No  

Name	Location	Phone	Diploma/Degree/Specialization
High School	_____	_____	_____
College/University	_____	_____	_____
Courses & Training	_____	_____	_____

### WORK EXPERIENCE *(List most recent work experience first.)*

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Company Address \_\_\_\_\_  
Street / P.O. Box City State Zip Code  
Job Title \_\_\_\_\_ Phone \_\_\_\_\_  
Job Description (duties, skills, equipment used)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
From (mm/yy) To (mm/yy)

### WORK EXPERIENCE

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Company Address \_\_\_\_\_  
Street / P.O. Box City State Zip Code  
Job Title \_\_\_\_\_ Phone \_\_\_\_\_  
Job Description (duties, skills, equipment used)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
From (mm/yy) To (mm/yy)

## WORK EXPERIENCE

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Company Address \_\_\_\_\_  
Street / P.O. Box City State Zip Code

Job Title \_\_\_\_\_ Phone \_\_\_\_\_

Job Description (duties, skills, equipment used)

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Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
From (mm/yy) To (mm/yy)

## ADDITIONAL INFORMATION

Other Relevant Experience

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Licenses, Certificates, special skills, etc.

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## REFERENCES *(References should have experience with your work history.)*

Name	Location	Phone
_____	_____	_____
_____	_____	_____

If you need accommodations for the application or hiring process please speak with the employer.

Do you need an accommodation to participate in the application or interview process? Yes No

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me.

Signature \_\_\_\_\_ Date \_\_\_\_\_