



MANUFACTURING, INC.

6333 BUTLER CREEK RD.
MISSOULA, MT 59802
543-4450 ph 543-2392 fax

APPLICATION FOR EMPLOYMENT

CONTACT INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SEC NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PREVIOUS ADDRESS (IF AT PRESENT ADD. LESS THAN 1 YR)	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?	PHONE		

EMPLOYMENT INFORMATION

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?	
HAVE YOU EVER APPLIED TO CM MANUFACTURING?	IF SO, WHEN?	
WHO REFERRED YOU TO THIS COMPANY?		

EDUCATION	NAME AND CITY	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED?
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SPECIFIC SKILLS

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

CM MANUFACTURING IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

NAME OF CURRENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR?	STARTING SALARY	ENDING SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR?	STARTING SALARY	ENDING SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS SUPERVISOR			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR?	STARTING SALARY	ENDING SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK DUTIES			
REASON FOR LEAVING			

REFERENCES

NAME	CONTACT INFORMATION	BUSINESS	YEARS ACQUAINTED

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE AND RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 5 YEARS?

IF YES, PLEASE EXPLAIN (THIS WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

ADDITIONAL INFORMATION

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE

DATE