



Application For Employment Northwest Industrial Supply Inc. Co.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

This application is current for thirty (30) days only, thereafter, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Any applicant who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the duties of the job for which the applicant is applying should inform Northwest Industrial Supply at 1819 2nd Avenue North, Billings, MT 59101

Personal Data

Please Complete Pages 1-4 Date _____

Name _____

Last
First
Middle
Maiden

Present Address _____

No.
Street
City
State
Zip

How Long _____ Social Security Number _____
 If under 18, please list age: _____

Days/Hours Available to Work

Position Applied For: _____ Mon _____ Thu _____
 Salary Desired: _____ Tues _____ Fri _____
Wed _____ Sat _____
Sun _____

Telephone: _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: Full time only _____ Part time only _____ Full or Part time _____

Date available for work? _____ Have you ever worked for this
 company before? _____
 If so, when and where? _____ Supervisor _____

List any relatives presently working for Northwest Industrial Supply and the
 location _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO _____ YES _____

If yes, explain number of conviction(s), nature of offense(s) leading to convictions, how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. Such convictions will not absolutely prohibit employment, but will only be considered in relation to specific job requirements.



Education			
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	CIRCLE LAST GRADE COMPLETED	MAJOR & DEGREE
HIGH SCHOOL		10 11 12	
COLLEGE		1 2 3 4	
BUS. OR TRADE SCHOOL		1 2 3 4	

Military		
Have you ever been in the Armed Forces? (Yes or No) _____		
Are you now a member of the National Guard or Reserves? _____		
Specialty: _____	Date Entered: _____	Discharge Date: _____

WORK EXPERIENCE:

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give the firm's name. **Attach additional sheets if necessary.**

Name of Employer	Address	City, State, Zip Code	Phone number
Name of Supervisor	Employment Date From: To:	Pay or Salary Start: Final:	Your Job Title

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were employed with this company.

Reason for Leaving (please be specific): _____

Name of Employer	Address	City, State, Zip Code	Phone number
Name of Supervisor	Employment Date From: To:	Pay or Salary Start: Final:	Your Job Title

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were employed with this company.

Reason for Leaving (please be specific): _____



Name of Employer	Address	City, State, Zip Code	Phone number
Name of Supervisor	Employment Date From: To:	Pay or Salary Start: Final:	Your Job Title
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were employed with this company. _____ _____ _____			
Reason for Leaving (please be specific): _____ _____			

Name of Employer	Address	City, State, Zip Code	Phone number
Name of Supervisor	Employment Date From: To:	Pay or Salary Start: Final:	Your Job Title
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were employed with this company. _____ _____ _____			
Reason for Leaving (please be specific): _____ _____			

Name of Employer	Address	City, State, Zip Code	Phone number
Name of Supervisor	Employment Date From: To:	Pay or Salary Start: Final:	Your Job Title
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were employed with this company. _____ _____ _____			
Reason for Leaving (please be specific): _____ _____			



Do you have a driver's license? Yes _____ No _____ Name of issuing state: _____

Expiration Date: _____

List all states which have issued you a driver's license within the past 10 years. List the state and year(s) for each license: _____

Prior to employment the company will request a copy of your driving record for moving violations and "charge" accidents for the past three years. List any moving violations and chargeable accidents you have had for the past three years.

Incident:

Date:

PLEASE READ CAREFULLY

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the President of Northwest Industrial Supply. Both the undersigned and Northwest Industrial Supply may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. **I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice.** I authorize the investigation of all matters contained in this application and hereby give Northwest Industrial Supply permission to contact schools, previous employers (unless otherwise indicated) references, and others, and hereby release Northwest Industrial Supply from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I further understand that my employment with Northwest Industrial Supply shall be probationary for a period of up to 180 days, and further that at any time during the probationary period and thereafter, my employment relation with Northwest Industrial Supply is terminable at will for any reason by either party.

Signature of Applicant: _____

Northwest Industrial Supply is an equal opportunity employer.
Thank you for completing this application and for your interest in our company