

GREAT FALLS PRE-RELEASE SERVICES, INC.

EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

1019 15th Street North
Great Falls, Montana 59401
406-727-0944



The information contained on this form is sought in good faith.
It will not be used in any way to discriminate against any
applicant for employment in violation of state and federal law.

General Instructions: Please type or print in ink. Late, incomplete or unsigned applications will not be considered. These forms may be mailed or faxed. **Mail forms to: Great Falls Pre-Release Services, Inc. 1019 15th Street North, Great Falls, Montana 59404. Fax Forms to: 406-727-0961.**

NAME: _____ Position Applying For: _____
Last First MI

Address: _____ Job Location: _____
Street

City State zip Date Available: _____

Phone No: _____
Work Home

Are you applying for a: () Full-Time Position () Part-Time Position

Do You Have A Valid Montana State Driver's License? Yes No

Are You Legally Entitled To Work **In the United States?** Yes No _____
Social Security Number

Have You Reviewed The Position Description For the Job You Are Applying for? Yes No

Have You Received A Copy Of The Position Description? Yes No

My signature below certifies that all information on this and all attached pages (checked below) is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications, or misrepresentation may disqualify me from consideration for employment with Great Falls Pre-Release Services, Inc. or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. In the spaces below, I have checked attachments, including those required by Great Falls Pre-Release Services, Inc.

- Resume** **Waiver and Authorization to Release Information** **Background Release Form**
 Transcripts and/or Diploma **Reference List** **Additional Employment Experience**

SIGNATURE: _____ **DATE SIGNED:** _____

EDUCATION: You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) If all relevant blocks are completed and the same format is followed.

High School Name: _____ City/State: _____

Received Diploma or Equivalency Certificate? Yes No If "No," enter highest grade completed _____

College or University Name and Location	Dates Attended	Credits Earned	Received (BA, MA, etc)	Degree Date	Major Field	Minor Field

Other Schools or Training Courses (which help you qualify) Name and Location	Dates Attended	Did you complete?	Title Description of Course	Total Hours

List current Professional Licenses, Registrations, or Certifications (CPR, First Aid, etc.)

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if Applicable)	Date Licensed

Special Skills- Check the skills you possess. Specify speed/errors where requested.

Typing ___ / ___ Data Entry ___ / ___ Ten Key Other _____

Computer Experience Including Familiarity with Software Programs (specify) _____

EQUIPMENT: List types of equipment you can operate which may be of benefit to the position for which you are applying. (e.g., computers, types of office equipment, etc.)

EXPERIENCE: Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. **List each promotion as a separate position.** You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying.

THIS INFORMATION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. **Do you want to be informed before we contact you present employer?** Yes No

Name and Complete Address of Employer _____

Your Job Title _____ Type of Business _____
() Dates Employed _____ / _____ to _____ / _____

Immediate Supervisor(s) _____ Phone. No. _____

Avg. Hrs. Per Week _____ Total Time Employed _____ Full-Time Part-Time Volunteer

Starting Salary \$ _____ Ending Salary \$ _____
Years Months

Describe your duties in detail (knowledge, skills abilities required, employees supervised, accomplishments)

Reason for Leaving

Name and Complete Address of Employer _____

Your Job Title _____ Type of Business _____
() Dates Employed _____ / _____ to _____ / _____

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ONLINE EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER
1019 15th Street North
Great Falls, Montana 59401
Phone:406-727-0944 FAX: (406) 727-0961**

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Applicant's Name: _____(Please print or Type)

Social Security Number: _____

Date of Birth: (optional) _____

TO WHOM IT MAY CONCERN:

As an applicant for a position with Great Falls Pre-Release Services, Inc., I am required to furnish information for use in determining my past work record.

I hereby authorize Great Falls Pre-Release Services, Inc. to contact any and all of my present or past employers and/or personal references. I also authorize Great Falls Pre-Release Services, Inc. to conduct a criminal background check via a law enforcement agency. I release Great Falls Pre-Release Services, Inc. these employers and/or references from any liability which may result from furnishing the information requested.

I understand that information furnished will be used by Great Falls Pre-Release Services, Inc. in conjunction with pre-employment purposes only.

This authorization shall be valid and effective for one year from date signed.

Applicant's Signature: _____ Date: _____

EXCEPTION: I do not grant Great Falls Pre-Release Services with my permission to contact the following individual/organization for any reason:

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

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RELEASE FORM

The Federal Contract of the Great Falls Pre-Release Center requires the following of potential employees:

"The contractor shall notify proposed employees that an **NCIC** criminal records check will be processed by the Community Corrections Manager to verify employment applications. The contractor shall require all proposed employees to provide complete details of any conviction record."

Please provide us with any information on criminal convictions other than minor traffic violations.