



# Employment **Application**

Thank you for your interest in employment opportunities at AWARE Inc. Please read the following information carefully to assist you in completing your application.

- Read the position announcement for the posted position for which you are applying.
- If a schedule is included in the posting, make certain that you can work the hours that are required.
- Fill out the application completely and legibly. Incomplete applications or applications that have been altered from the format available on the AWARE's website may not be considered.
- You may submit additional information attached to your application. (Resumes alone cannot be used as a substitute for completing the Employment History and Education section of the application.)
- Please include a copy of your transcripts and/or degree if you've claimed to have obtained one.
- Please sign & return your application via mail or fax located in the upper right hand corner of the application, or you may drop it off at any AWARE office nearest you.

Unfortunately, due to the volume of applications received, you will not be contacted to notify you of the status of your application. It is not necessary to contact AWARE to check on the status of your application.

If you are not selected for an interview your application will be kept on file for 90 days. You will be required to submit a new application for positions posted more than 90 days after submitting your original application.

If you have general questions about employment, please contact the Human Resource Department at 563-8117 for assistance. Once again, thank you for your time and interest in applying at AWARE Inc.

**Please remove this cover sheet prior to submitting application.**



**MAIL APPLICATION TO:**  
 205 East Park Ave.  
 Anaconda, Montana 59711

1-800-432-6145  
 Fax: 406-563-5956  
 www.aware-inc.org

◆ Employee Salary & Benefits    ◆ Health & Safety    ◆ Recruitment & Retention    ◆ Performance & Training

Mr.   
 Ms.   
**Name:** Mrs.  \_\_\_\_\_  
Last Name First Name Full Middle Name

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (    ) \_\_\_\_\_ **Message Phone:** (    ) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Are you 18 or older?**    Yes     No

**Position applying for:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

<b>POSITION</b>	<b>Youth Service</b> <input checked="" type="checkbox"/>	<b>Adult Service</b> <input checked="" type="checkbox"/>	<b>Administrative</b> <input checked="" type="checkbox"/>
<u>Check all service areas that you are interested in.</u>  Your application may be submitted for future open positions in the service area checked	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Administration
	<input type="checkbox"/> School Based	<input type="checkbox"/> Work Services	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Support Services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Human Resources
	<input type="checkbox"/> Case Management	<input type="checkbox"/> Case Management	<input type="checkbox"/> Accounting
	<input type="checkbox"/> Early Head Start		<input type="checkbox"/> IT
	<input type="checkbox"/> Other:		

<b>How did you hear about the position:</b>	<input type="checkbox"/> Job Service	<input type="checkbox"/> Newspaper	<input type="checkbox"/> AWARE employee
	<input type="checkbox"/> AWARE web page	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> College Career Service
	<input type="checkbox"/> Other		

**Have you ever worked for A.W.A.R.E., Inc.?**    Yes     No

**If yes** Name Used: \_\_\_\_\_ Location: \_\_\_\_\_

Dates worked: \_\_\_\_\_

**Military Services:**

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Duties/Special Training: \_\_\_\_\_



## Employment History

*To maintain quality employment standards, AWARE Inc. may be in contact with the employers listed below to obtain professional references.*

<b>Employer</b> Name: Address: City/State/Zip:		Phone:	
		Available to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Employment Date	/ / to / /	
Supervisor:	Starting/Ending Wage	\$	\$
Duties:			
Reason for Leaving:			

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<b>Employer</b> Name: Address: City/State/Zip:		Phone:	
		Available to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Employment Date	/ / to / /	
Supervisor:	Starting/Ending Wage	\$	\$
Duties:			
Reason for Leaving:			

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<b>Employer</b> Name: Address: City/State/Zip:		Phone:	
		Available to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Employment Date	/ / to / /	
Supervisor:	Starting/Ending Wage	\$	\$
Duties:			
Reason for Leaving:			

**You may print additional employment history pages if needed.**

## PROFESSIONAL REFERENCES

For your consideration, the space below can be used to provide additional professional references.

<b>Name :</b>		<b>Association:</b>
<b>Phone:</b>	<b>Work (w)</b> <span style="margin-left: 150px;"><b>Home (h)</b></span>	
<b>Name :</b>		<b>Association:</b>
<b>Phone:</b>	<b>Work (w)</b> <span style="margin-left: 150px;"><b>Home (h)</b></span>	

## COMPUTER SKILLS

How would you rate your computer skills:

<input type="checkbox"/>	BASIC	Log on/ off, open, save, close applications, identify parts of a computer, drag & drop, click & hold, enter data, perform computer/software functions, use special function keys (delete, shift, arrow keys)
<input type="checkbox"/>	INTERMEDIATE	Locate/retrieve files in directories, save file to multiple locations, recognize? save files in various formats (.bmp, .jpg, .pdf, .html), rename files, choose page set up, troubleshoot technology problems
<input type="checkbox"/>	ADVANCED	Attach and use peripheral devices, view file properties to determine information, locate and use accessibility features, compress files

What computer programs are you comfortable using:

Micro Soft  Word       Excel       Power Point       Outlook  
 Internet       Sage Software       Electronic Medical Records  
 Other \_\_\_\_\_  
 \_\_\_\_\_

Related Information:

- 1) Have you ever been convicted of a felony?      Yes       No   
 2) Have you EVER received a vehicular citation?      Yes       No   
 3) Do you have a valid Montana Driver License?      Yes       No

State issued : \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

If you answered yes to questions 1 or 2 above, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Names of friends/relatives employed by A.W.A.R.E., Inc.: \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## EDUCATION

<b>High School</b>			
Name/Address:			
Phone:			
Did you receive a high school diploma or equivalency certificate (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>College, University or additional schooling</b>	<b>Major/Minor</b>	<b>Degree Received</b>	
Name, Location, and Dates of Attendance		<b>Circle one:</b> B.S.    B.A. Date Received	
<i>**NOTE: If you have obtained a BS/BA degree, please submit a copy of your degree and/or transcripts.</i>			
Name used while attending:			
<b>Post Graduate</b>		<b>Degree Received /Date</b>	
Name, Location, and Dates of Attendance			
<i>**NOTE: If you have obtained a MA/MS Post Graduate degree, please submit a copy of your degree and/or transcripts.</i>			
Name used while attending:			
<b>Training Courses</b>	<b>Title of Course</b>	<b>Date</b>	<b>Current</b>
Name, Location, and Dates of Attendance		completed	

**As a value to employees, AWARE Inc. invests in professional development. As such, a commitment to complete the required training offered by AWARE Inc. within the established timeline needs to be made.**

**I ALSO AUTHORIZE THE INSTITUTION(S) NAMED ABOVE TO RELEASE STATED INFORMATION TO A.W.A.R.E., INC.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **AUTHORIZATION FORM**

### **Personnel Department**

**In order to complete your application file, it is necessary for us to complete a criminal, motor vehicle, child/adult protective services, education and employment background check and reference.**

**Please sign and date the authorization release below.**

**AUTHORIZATION: I, the undersigned, hereby authorize any agency, to include state and federal, institution or business, including my present employer to furnish any and all information contained in my records for the purpose of an employment background investigation.**

**I also authorize personal references to furnish the requested information they may have concerning me, and do hereby release such persons from all liability and damage for issuing such information.**

**PRINTED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_