



**C. EMPLOYMENT HISTORY**

Applicant may attach a professional resume or vita in lieu of completing this section, as long as all information and answers to the following questions are clear and complete.

List recent jobs you have held in chronological order, beginning with the most recent. Attach additional pages if needed.

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Please describe your duties in this position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Please describe your duties in this position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Please describe your duties in this position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. PROFESSIONAL REFERENCE**

As part of our hiring criteria, Watson Children’s Shelter must receive three strong and relevant professional references covering past work experiences and performance. Only one of these may be provided by an existing Watson Children’s Shelter employee or board member. If hired, three letters of recommendation will be required.

1. Full name and Title of reference: \_\_\_\_\_

Telephone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please explain your relationship with this person: \_\_\_\_\_

2. Full name and Title of reference: \_\_\_\_\_

Telephone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please explain your relationship with this person: \_\_\_\_\_

3. Full name and Title of reference: \_\_\_\_\_

Telephone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please explain your relationship with this person: \_\_\_\_\_

**D. EMPLOYEE ELIGIBILITY**

Do you have a legal right to live and work in the United States of America?  YES  NO

The Montana Department of Public Health and Human Services requires that our employees be at least 18 years of age. Are you at least 18 years old?  YES  NO

Our vehicle-insurance carrier and our transportation policy require us to check your driving record. Do you consent for us to check your driving record?  YES  NO

Our hiring policies require that your background be checked by the Montana Department of Public Health and Human Services and the Missoula County Sheriff’s Department as to your prior convictions, record of child abuse or neglect, etc. Do you consent for us to check your background with the Department of Public Health and Human Services and the Missoula County Sheriff’s Department?  YES  NO

The Montana Department of Public Health and Human Services requires that all of our direct service employees pass a tuberculin skin test and complete a “Health Statement”. Do you consent to do so, should you be hired?  YES  NO

Can you perform the essential functions of the job with or without a reasonable accommodation?  YES  NO

Do you have any physical, psychological, social or health condition that would prevent you from performing this job?

YES  NO If yes, please describe. \_\_\_\_\_

**F. JOB SPECIFIC SKILLS**

Please write in concise detail how it is that you are qualified to fill this position, with particular regard to:

**Previous experiences with children:** \_\_\_\_\_

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**Experience with children with special needs, i.e. emotional disturbance, cognitive or physical disabilities, crisis situations, etc:**

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**Record keeping experience:** \_\_\_\_\_

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**Cleaning and organizing:** \_\_\_\_\_

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Please answer the following:

**What are your hobbies, special skills or interests?**

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**How did you hear about Watson Children's Shelter?**

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**Why have you decided to apply to work with children?**

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**What do you expect or need from an employer to make your work most effective?**

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**What do you expect to receive from a work environment?**

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**Anything else you would like us to know about you?**

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I attest, by my signature below, that the information I have entered in all parts of this application for employment with Watson Children's Shelter is true. I realize that I will be ineligible for employment with Watson Children's Shelter if any information I have given is found to be untrue.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Date Application Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Reviewed: \_\_\_\_\_ Staff: \_\_\_\_\_ Called: \_\_\_\_\_ Interview Date/Time: \_\_\_\_\_

Hired:  Yes  No Hire Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_