NCAT 3040 Continental Drive • P.O. Box 3838 • Butte, MT 59702 • (406)494-4572 • FAX (406)494-2905 • www.ncat.org

APPLICATION FOR INTERN EMPLOYMENT

It is NCAT's policy and organizational philosophy to ensure that all of our employment practices, including recruitment and hiring, are administered for all individuals without regard to color, race, religion, sex, national origin, age, disability, marital or veterans status.

Instructions: Applications will be accepted from students attending college in the United States **only** for current internship position vacancies. The application should be completed accurately and thoroughly. A hard copy of the completed application with original signature must be submitted. If you require accommodation to complete the application process due to a disability, please tell us what accommodation you require.

APPLICANT INFORMATION									
	ast Name: First Name:MI:								
Home Address:									
City:	State: Zip Code:								
Telephone:Home	Work: _		Cell:						
E-mail Address:	E-mail Address:								
WORK PREFERENCE									
Internship for which you are applying:									
Work Availability Dates: St	art:	End	:	No. Hours Per Week:					
Referral Source: () Newspaper Advertisement () Friend/Relative () Employment Office () Walk-In () Web Site – Specify:									
EDUCATION AND TRAI	NING								
High School Name and Locat	ion:								
Received Diploma or Equivalent G.E.D.: () Yes () No (If "no", highest grade completed:)									
College or University Name and Location	Dates Gr Attended	aduate?	Degrees Received	Major and Minor Fields					
) Yes) No							
) Yes) No							
) Yes) No							

EMPLOYMENT HISTORY

Please provide your employment history beginning with your most recent or current job. Reference to "see resume" will not be accepted.

If you would like to be notified before we contact your present or most current employer, please check here. ()

Employer Name and Address:	Telephone No:
	Supervisor:
	Supervisor.
	Salary:
Job Title:	Dates Employed:
	No. of Hours Worked per Week:
Duties and Responsibilities:	Reason for Leaving:
Employer Name and Address:	Telephone No:
	Supervisor:
T 1 m/a	Salary:
Job Title:	Dates Employed:
	No. of Hours Worked per Week:
Duties and Responsibilities:	Reason for Leaving:
E	The land of the la
Employer Name and Address:	Telephone No:
	Supervisor:
Job Title:	Salary: Dates Employed:
Juli Hit.	Dates Employeu.
Duties and Responsibilities:	No. of Hours Worked per Week: Reason for Leaving:
Duties and Responsionities:	Reason for Leaving:

LIST ANY MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATIONS OR CERTIFICATIONS THAT YOU POSSESS (which are relevant to the position for which you are applying).							
	R SKILLS THAT YOU POSSES ated training that you have had.	SS. Include specific kinds of software that you are					
DESCRIBE ANY OTHER SPECIAL KNOWLEDGE, SKILLS OR ABILITIES THAT YOU POSSESS (relevant to the position for which you applying).							
PROFESSIONAL REFERENCES (List three references that have direct knowledge of your work-related skills and							
abilities.) Name of Reference	Address	What is your working relationship with this individual?					
Title	Telephone Number	Company/Organization					
Name of Reference	Address	What is your working relationship with this individual?					
Title:	Telephone Number	Company/Organization					
Name of Reference	Address	What is your working relationship with this individual?					
Title Telephone Number		Company/Organization					

NCAT VOLUNTARY SELF-IDENTIFICATION

It is NCAT's policy and organizational philosophy to ensure that all of our employment practices, including recruitment and hiring, are administered for all individuals without regard to color, race, religion, sex, national origin, age, disability, marital or veteran status. The confidential information requested below will be used only to monitor our affirmative action efforts and assist us in complying with lawfully required reporting provisions. Completion of this form is **voluntary** and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to or if applicable, after hire. Please return this form with your application or mail it to: NCAT Personnel Office, P. O. Box 3838, Butte, MT 59702. This form will be maintained separate from the application form.

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N.	AME	1.				DATE:	
		(Last)		(First)		(MI)	
Po	ositio	n(s) applied for:					
Pl	lease	identify where you learned	about t	his position?			
(() Wa) Wa	ewspaper Advertisement alk-In eb Site – Specify: her - Specify:	() Friend/Relative) Co-op Education Offi	ice () Employment Office) Career Fair	
	ex:	() Male () Femal	e				
_							
K	ace/E	Ethnicity:					
()		ubcontii	nent, or the Pacific Islan		riginal people of the Far East, is area includes, for example, China,	
()	Black (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.					
()	Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.					
()	American Indian/Alaskan Native – All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.					
()	White (Not of Hispanic orig North Africa or the Middle		l persons having origins	s in any	of the original people of Europe,	