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

## APPLICATION FOR 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 for current position vacancies **only**. 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 INFORM	IATION						
Last Name:		First N	ame:		MI:		
Home Address:							
City:		State:	Zip	Code:			
Telephone:		Work:	Work:				
Cell:	E-mail Address:						
WORK PREFERENCI	Ε						
Position for which you ar	e applying:						
Date Available:	Type of er	nployment pref	erred: ( ) Part-Tim	e ( ) Full-Tim	e ( ) Temporary		
Referral Source:	<ul><li>( ) Employment</li><li>( ) Web Site – Sp</li></ul>	Office pecify:	( ) Friend/Relative ( ) Walk-In				
EDUCATION AND TR	RAINING						
High School Name and Lo							
College or University Name and Location	Dates Attended	Graduate?	Degrees Received	Major and N	Ainor 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:
	Salary:
Job Title:	Dates Employed:
	No. of Hours Worked per Week:
<b>Duties and Responsibilities:</b>	Reason for Leaving:
Employer Name and Address:	Telephone No:
	Supervisor:
Job Title:	Salary:
Job Title.	Dates Employed:
	No. of Hours Worked per Week:
<b>Duties and Responsibilities:</b>	Reason for Leaving:
Employer Name and Address:	Telephone No:
	Supervisor:
	Salary:
Job Title:	Dates Employed:
Duties and Responsibilities:	No. of Hours Worked per Week:  Reason for Leaving:
•	

	ER SKILLS THAT YOU POSSE elated training that you have had.	SS. Include specific kinds of software that you are
	IER SPECIAL KNOWLEDGE, S n for which you applying).	KILLS OR ABILITIES THAT YOU POSSESS
xills and abilities.)	ERENCES (List three references t	hat have direct knowledge of your work-related  What is your working relationship with this individual?
xills and abilities.) Name of Reference		What is your working relationship with this
xills and abilities.) Name of Reference  Title	Address	What is your working relationship with this individual?
Name of Reference  Fitle  Name of Reference	Address  Telephone Number	What is your working relationship with this individual?  Company/Organization  What is your working relationship with this
ROFESSIONAL REFE kills and abilities.) Name of Reference  Title  Title: Name of Reference	Address  Telephone Number  Address	What is your working relationship with this individual?  Company/Organization  What is your working relationship with this individual?

Please read the following carefully and sign the application.				
The answers to the questions contained in this application are true and complete to the best of my knowledge. acknowledge that any misleading information, false statements or misrepresentations on this application may be cause for rejection of this application or dismissal from a job if I have been employed. I grant permission to <b>NCAT</b> to investigate by personal inquiry or otherwise information provided in this application (and accompanying resummend/or other documents if any) and release from liability or responsibility all persons, schools or companie responding to such inquiries. I understand and concur that this application for employment will be given consideration but does not create a contract of employment.				
Applicant Signature: Date:				
All persons hired by NCAT are required to provide proof of U. S. Citizenship or authorization to work in the United States and employment eligibility under the Immigration Reform and Control Act.				

## **NCAT's Mission Statement:**

Helping people by championing small-scale, local and sustainable solutions to reduce poverty, promote healthy communities, and protect natural resources.

07/07

## 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.

D . TT

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 orig	in) - All	persons having origins	s 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.					
(	)					ny of the original people of North filiation 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,	