

MJR INDUSTRIES, INC.

P.O. BOX 1514 BILLINGS, MT 59103
MJR.IND.INC@GMAIL.COM
406-702-0536



Employment Application

APPLICANT INFORMATION													
Last Name			First			M.I.		Date					
Street Address						Apartment/Unit #							
City				State				ZIP					
Phone				E-mail Address									
Date Available				Social Security No.				Desired Salary					
Birth Date				Marital Status									
Spouse's Name				Spouse's Phone									
Position Applied for													
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION													
High School			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES													
<i>Please list three un-related professional references.</i>													
Full Name				Relationship									
Address				Phone									
Full Name				Relationship									
Address				Phone									
Full Name				Relationship									
Address				Phone									

** Please attach Resume to this form before returning. **

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMERGENCY CONTACT INFORMATION

Name		Street Address		City	
State	Zip	Relationship			
Phone		Preferred Hospital			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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