

Employment Application

Liberty Place, Inc. is an equal opportunity employer. All candidates for employment are reviewed without regard to race, religion, color, age, sex, national origin, citizenship, marital status, veteran status, disability, or any other classification protected by law. Consistent with the provisions of the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Personal Information

Name (First, MI, Last) _____

Date _____

Mailing Address: _____

Physical Address: _____

City _____

State _____

Zip _____

Best Contact Phone Number: _____

Alternate Phone: _____

E-mail _____

General Information: Please review the job description prior to completing this section.

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? **Yes No**

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) **Yes No**

If yes, explain _____

During any time in the past 2 years, have you worked as a safety-sensitive employee for an employer covered by the Department of Transportation drug and alcohol testing program? **Yes No** (If yes, please also complete the Release of Information form -49 CFR Part 40 Drug and Alcohol Testing)

In the past 2 years have you: tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work? **Yes No**

If yes, explain : _____

(If yes, Applicant is ineligible for safety-sensitive work until documentation of successful completion of the return-to-duty process is provided to this employer.)

Education & Training

Last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 / College 1 2 3 4 Masters _____ Doctorate _____

List any certifications you may have: _____

Issuing Agency: _____ Phone: _____

Address: _____ City: _____ State: _____

| Name & Address of School | Major Course Studied | Graduated or Degree (Y or N) | Average Grade |
|--|----------------------|------------------------------|---------------|
| Last High School Attended/Address: | | | |
| College or University/Address | | | |
| College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address | | | |
| List any scholarships, academic honors, awards or special achievements: | | | |
| | | | |

SKILLS:

Please list any skills you have that are appropriate for the position you are applying for:

If required, will you work? Rotating shifts: **Yes No** Saturdays: **Yes No** Sundays: **Yes No** Overtime: **Yes NO**

Position applying for, be specific: _____

What location are you seeking employment:

- Whitehall Facilities
- Belgrade Facility

Salary Requirements \$ _____ hour Date you can start ___/___/___

State fully why you believe you are qualified for this position:

Employment History: Please include up to date contact information for previous employers.

*Starting with your PRESENT or MOST RECENT EMPLOYER, list all employment for at least the past **FOUR** employers in consecutive order.*

If currently employed, may we contact your employer? Yes No

| | | |
|--|---------------------|-------------------------------------|
| Full Name Of Company | Salary Begin/End | Employment From/To (Mo/Yr to Mo/Yr) |
| (Area Code) Telephone | | |
| Street Address City State Zip | Reason for Leaving: | |
| Name & Title of Supervisor | | |
| Title of your Position | | |
| List jobs held, duties performed, skills used and promotions while employed at this company: | | |

Space for Office Use:

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|--|---------------------|-------------------------------------|
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Space for Office Use:

Personal References: Please include only individuals to whom you are not related.

| | |
|--------------|--------------------------------|
| Name | Title |
| Phone number | Address |
| City | State Zip |
| Relationship | |

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| Name | Title |
| Phone number | Address |
| City | State Zip |
| Relationship | |

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|--------------|-----------|
| Name | Title |
| Phone number | Address |
| City | State Zip |
| Relationship | |

Applicant Affidavit

1. I certify that all statements given by me on this application, on my resume or other supplementary material are true and correct without omission. I understand that falsification or omission of any information required by this form is sufficient grounds for immediate disqualification of candidacy or termination of my employment by Liberty Place, Inc. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
2. I understand that should employment be extended to me, I may be subject to the satisfactory results of any job related pre-employment examination required by the Liberty Place, Inc. and my signature indicates my consent to such testing.
3. I acknowledge that I have been advised that I may be required to submit to a drug screen test as a requirement of the company's pre-employment background check program or part of the company's drug testing program. I further understand that the Drug and Alcohol Abuse policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy.

Additionally, a refusal to test, failure to submit adequate urine for test, or adulterated sample, constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that it is my responsibility prior to the drug testing to inform the laboratory

and/or Liberty Place, Inc. of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I consent to the release of the results of any drug test to authorized representatives of Liberty Place, Inc. for appropriate review. I release Liberty Place, Inc., or any testing agency retained by it, its affiliates, Officers, employees and any person affiliated with the testing from any claims, losses, damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing.

I acknowledge that the Drug and Alcohol Policy of Liberty Place, Inc. is to have a drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Drug and Alcohol Policy. I also understand that although I may not agree with the Drug and Alcohol Policy of Liberty Place, Inc., failure to acknowledge the policy with my signature below may prohibit my employment with Liberty Place, Inc. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify that I have read, fully understand and accept all terms of the above statements.

Signature of Applicant

Date_____

Please email your completed application to: general@libertyplace.org

Or, you can send it by mail to:
Liberty Place, Inc.
Attn: Kara
PO Box 446
Whitehall, MT 59759