

# 2021 APPLICATION FOR SEASONAL EMPLOYMENT

Mailing Address: Billings Mustangs, Post Office Box 1553, Billings, MT 59103-1553

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## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you 18 years of age or older?	YES	NO
Are you a citizen of the United States?	YES	NO
If NO, do you have authorization to work?	YES	NO
Will this be your primary or secondary job?	PRIMARY	SECONDARY
Can you work nights (5:00 pm – 10:00 pm)?	YES	NO
Can you work weekends?	YES	NO
Do you have means of transportation?	YES	NO

## EDUCATION

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major / Studies: \_\_\_\_\_

Did you graduate? YES NO

College / University: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major / Studies: \_\_\_\_\_

Did you graduate? YES NO

## EMPLOYMENT HISTORY

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Describe Job Duties: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Describe Job Duties: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Describe Job Duties: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

**PERSONAL REFERENCES**

Please provide the names of three persons not related to you that you have known for more than one year.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide other information that you believe will assist us in considering you for employment: \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions and misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Company's policies and rules found in any employee handbook, policy manual, or other communications, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company. I understand that no Company representative, other than its General Manager, and then only when in writing and signed by the General Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I HAVE READ THE ABOVE STATEMENTS:

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