



**Stock Farm Club**

1428 Stock Farm Road  
Hamilton MT 59840  
406-375-1887

[humanresources@stockfarm.com](mailto:humanresources@stockfarm.com)

# EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

### READ BEFORE COMPLETING APPLICATION

- Please type or print in ink. All sections must be completed in full, even if attaching a resumé.
- For the *Education, Skills, and Work History* sections, you may include separate sheets of paper as needed to fully complete those sections. Ensure your name and the position title is listed on each provided page.
- Review the job listing and identify (a) all attachments and supporting documentation requested withing the job posting; (b) the required special qualifications or licenses you may need for the position; and (c) the closing date for receipt of application.
- **All applications, supporting documents, and attachments must be sent to [humanresources@stockfarm.com](mailto:humanresources@stockfarm.com). Applications sent to other email addresses will not be considered.**

Late, incomplete, or unsigned applications will not be considered.

**POSITION FOR WHICH YOU ARE APPLYING** *You must submit a separate application for each position for which you are applying*

**Position Title:** \_\_\_\_\_ **Job Number:** \_\_\_\_\_

Have you worked for the Stock Farm Club previously?      No      Yes, Dates Worked \_\_\_\_\_

Do you have any relatives/family members working at the Stock Farm Club      No      Yes, Name(s) \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
*Last Name, First Name, Middle Initial*

Mailing Address: \_\_\_\_\_ OR \_\_\_\_\_  
*Street Address (include apartment or suite number)      P O Box*

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
*City      State/Province      Zip Code      Country*

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### ADDITIONAL INFORMATION

1. Have you been told of the essential functions (duties & responsibilities) of the job, or have you viewed a copy of the job description listing the essential functions of the job?
2. Can you perform the essential functions of the job with or without accommodation?
3. Are you eligible to work in the U.S.?
4. Have you ever been convicted of a felony? *Convictions will not necessarily disqualify an applicant for employment.* If you answered "yes", please explain:

Yes
No
Yes
No
Yes
No
Yes
No

5. Can you work any shift, including early morning, late evenings, holidays, and varied schedules?	Yes No
6. Can you work overtime, including mornings, evenings, weekends, holidays, and extended shifts?	Yes No
7. Can you work a varied schedule? <small>If you answered "no" to questions 5 -7, please explain:</small>	Yes No

**EDUCATION AND TRAINING**

Do you have a High School Diploma, GED, or Equivalent? Yes No

College, University, & Other Schools Name and Location	Dates Attended Month/Year	Degree/Cert Received	Degree/ Cert Date	Major/Minor Field of Study	Credits Earned
					Qtr ___ Sem
					Qtr ___ Sem
					Qtr ___ Sem
Training Courses Name and Location	Dates Attended Month/Year	Did you complete?	Title/Description of Course		Total Hours

**PROFESSIONAL LICENSES, REGISTRATIONS, OR CERTIFICATIONS(E.G., ENGINEERING, MEDICAL, CPA, ETC.)**

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (If Applicable)	Date Licensed

**SKILLS** *List special skills you may have relevant to this position. You may include skills gained from volunteer and community work, professional organizations and similar.*

**EXPERIENCE AND WORK HISTORY** *Start with your present or most recent employer. Include paid and unpaid positions. You may attach additional sheets as necessary.*

<b>Employer / Experience 1</b>	Start Date	End Date
Job Title		
Company Name	Supervisor Name	Phone Number
City	State	Zip
Reason for Leaving	Starting Salary Hour Week Year	Ending Salary Hour Week Year

**Duties and Responsibilities**

<b>Employer / Experience 2</b>	Start Date	End Date
Job Title		
Company Name	Supervisor Name	Phone Number
City	State	Zip
Reason for Leaving	Starting Salary Hour Week Year	Ending Salary Hour Week Year
Duties and Responsibilities		
<b>Employer / Experience 3</b>	Start Date	End Date
Job Title		
Company Name	Supervisor Name	Phone Number
City	State	Zip
Reason for Leaving	Starting Salary Hour Week Year	Ending Salary Hour Week Year
Duties and Responsibilities		

<b>Employer / Experience 4</b>	Start Date	End Date
Job Title		
Company Name	Supervisor Name	Phone Number
City	State	Zip
Reason for Leaving	Starting Salary Hour Week Year	Ending Salary Hour Week Year
Duties and Responsibilities		

With my signature below,

- I certify that the facts and information set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that false statements, omissions, or misrepresentations may disqualify me from consideration for the position, or if hired, may be grounds for termination at a later date.
- I certify that I understand the employer may contact any listed supervisors or references provided in this application or in follow-up to a request from the employer to provide such information.
- I certify that I understand background checks may be required and as identified within the job posting.
- I authorize all former employers to release job-related information they may have about me to the employer.

I  would  would not like to be notified before your present employe is contacted for references.

\_\_\_\_\_ Applicant      Date:

Signature

*By typing your name above, you are affixing your signature and attesting to the information contained within.*