



L.H.C. Incorporated - CONSTRUCTION OFFICE

1179 Stillwater Road • P.O. Box 7338 • Kalispell, Montana 59904-0338
 OFFICE: 406-758-6420 FAX: 406-758-6430 L.H.C., Inc. is an Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us make the best possible placement within LHC. All portions of the application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. LHC, in accordance with State and Federal laws does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap or arrest record. Your completed application may be maintained in our active files for six months from the date of application. We welcome your resume, but require you to fill in this application in order to be considered for employment.

PLEASE PRINT

Name Last		First		Middle
Mailing Address Street / P.O. Box			Apt. No.	Telephone No.
City		State	Zip	Alternate No.

Social Security No. _____

Are you legally entitled to work in the United States? _____ YES _____ NO

How were you referred to LHC? _____

Have you ever applied for a job with LHC? _____ YES _____ NO

If yes, when and where? _____

Position you are applying for? _____

Salary expected \$_____ per _____

Other positions for which you would like to be considered: _____

Equipment: List the type of equipment you can operate; specify name and model you have used:

Can you work overtime? _____ YES _____ NO

Can you work shifts? _____ YES _____ NO _____ FIRST _____ SECOND _____ THIRD

If your application is considered favorable, on what date can you start work? _____

Do you have any relatives/friends currently employed with LHC? _____ YES _____ NO

If yes, please list below:

Name	Relationship	Job Assignment

Note: Having a relative/friend who is employed by LHC will not necessarily bar you from employment.

Are you able to perform the essential tasks of the particular job you are applying for without assistance?

_____ YES _____ NO



Please review job description or ask interviewer to describe those functions.

If no, how would you perform the tasks, and with what accommodation(s)?

Have you been convicted of a felony (e.g., use or sale of illegal drugs, causing bodily injury to another person, theft of property, etc.) or released from prison within the last seven (7) years?

_____ YES _____ NO If yes, please state details and where convictions occurred

Note: A conviction will not necessarily bar you from employment.

EDUCATION/SKILLS

TYPE	NAME AND LOCATION	MAJOR	DEGREE RECEIVED
HIGH SCHOOL			
COLLEGE			
COLLEGE			
OTHER			

Are you planning to attend school? _____ YES _____ NO If, yes, when and where

List special job related skills and qualifications pertinent to this application or required for this position.

DRIVERS LICENSES

TYPE	STATE ISSUED	LICENSE NO.	EXPIRATION DATE

Has your license ever been suspended? _____ YES _____ NO If yes, when and where?

TRIBAL AFFILIATION (If Applicable)

Are you currently a member of a tribal organization? _____ YES _____ NO

If yes, do you currently possess a Tribal Affiliation/Member card? _____ YES _____ NO

If yes, please indicate your Tribal Affiliation card number _____



EMPLOYMENT HISTORY

Begin with your most recent job. Explain any gaps in employment. Please provide ALL information not included on your resume.

May we contact your present employer? _____ YES _____ NO

Name of Employer		Address	City/State/Zip		Telephone No.	
Dates Employed		Position Held	Starting Wages		Ending Wages	
From:	To:		\$ /hour	\$ /annual	\$ /hour	\$ /annual
Reason for leaving		Supervisor Name/Title		Name Used during Employment		
Brief Description of your Responsibilities:						
Name of Employer		Address	City/State/Zip		Telephone No.	
Dates Employed		Position Held	Starting Wages		Ending Wages	
From:	To:		\$ /hour	\$ /annual	\$ /hour	\$ /annual
Reason for leaving		Supervisor Name/Title		Name Used during Employment		
Brief Description of your Responsibilities:						
Name of Employer		Address	City/State/Zip		Telephone No.	
Dates Employed		Position Held	Starting Wages		Ending Wages	
From:	To:		\$ /hour	\$ /annual	\$ /hour	\$ /annual
Reason for leaving		Supervisor Name/Title		Name Used during Employment		
Brief Description of your Responsibilities:						
Name of Employer		Address	City/State/Zip		Telephone No.	
Dates Employed		Position Held	Starting Wages		Ending Wages	
From:	To:		\$ /hour	\$ /annual	\$ /hour	\$ /annual
Reason for leaving		Supervisor Name/Title		Name Used during Employment		
Brief Description of your Responsibilities:						



U.S. MILITARY RECORD

Branch of Service _____

Date Served: From _____ To _____

Present Military Affiliation: _____NONE _____Reserve (Active) _____Reserve (Inactive)

List skills and training acquired in military service that would be helpful for the particular job applying for.

PROFESSIONAL WORK REFERENCES

List at least two persons who are not related to you who have knowledge of your qualifications for the particular job you are applying for.

Name	Title/Relationship	Full Address	Telephone No.	Email Address

In compliance with IMMIGRATION CONTROL AND REFORM ACT OF 1986, all persons will be required to provide proof of both identity and authorization to work in the United States prior to being hired. If you are interviewed, please be prepared to present:

Documents which establish BOTH identity and employment authorization:

- 1) U.S. Passport
- 2) Certificate of U.S. Citizenship
- 3) Certificate of Naturalization
- 4) Unexpired foreign [passport with attached employment authorization
- 5) Alien Registration Card with photograph

OR Documents which establish ONLY employment authorization:

- 1) Social Security Card
- 2) Birth Certificate issued by State, County or Municipality
- 3) Unexpired INS Employment Authorization

AND Documents which establish ONLY identity:

- 1) State issued ID card or Drivers License with photograph or other identifying information
- 2) U.S. Military Card
- 3) Other documents acceptable to the INS



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PLEASE CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW.

I certify that the information provided on this application (and accompanying resume, if any) is complete, true and correct to the best of my knowledge. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

If offered employment, I consent to any medical examination required by LHC to determine my ability to perform essential functions of the job for which I made application. I understand that my employment may be conditional upon my ability to perform the essential functions of the job.

I understand that my employment can be terminated at any time and for any reason, at the option of either LHC or myself. I further understand and acknowledge that nothing contained in any employee handbook or policy statement nullifies or modifies the foregoing employment at will policy.

I authorize LHC to solicit information regarding my education, licensure, employment history, character and general reputation and to contact all references listed in this application (and accompanying resume, if any).

I authorize persons, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide LHC and all affiliates with any relevant information regarding any employment decisions.

I release all persons who give information to LHC or any affiliate, in connection with its request for information, from all claims, liabilities and damages arising out of the furnishing of such information.

X _____
Applicant's Signature

Date