

**Ravalli Head Start, Inc.**  
**81 Kurtz Lane**  
**Hamilton, MT 59840**  
**(406) 363-1217**

**We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, material status or disability.**

**Do you need any accommodation to participate in the application or interview process?**

Date of application: \_\_\_\_\_  
Position applying for: \_\_\_\_\_

**PERSONAL DATA**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Message phone: (\_\_\_\_) \_\_\_\_\_

Driver's License: Operator \_\_\_\_\_ CDL \_\_\_\_\_ Date of expiration: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_  
Name and Location Last Year Completed

College: \_\_\_\_\_  
Name and Location Last Year Completed

Other Education/Training: \_\_\_\_\_  
Name and Location Last Year Completed

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**WORK EXPERIENCE**

Dates: (From): \_\_\_\_\_ (to): \_\_\_\_\_ Reasons for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Your Title or Department of Work: \_\_\_\_\_

Specific Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: (From): \_\_\_\_\_ (to): \_\_\_\_\_ Reasons for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Your Title or Department of Work: \_\_\_\_\_

Specific Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: (From): \_\_\_\_\_ (to): \_\_\_\_\_ Reasons for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Your Title or Department of Work: \_\_\_\_\_

Specific Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:**

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

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

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

**I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission which becomes known to RCHS, Inc., will result in immediate termination of my employment.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**-OFFICE USE ONLY-**

Interviewed by: \_\_\_\_\_

References Checked: Y N Date: \_\_\_\_\_ By Whom: \_\_\_\_\_

Company Spoke to: \_\_\_\_\_ Spoke to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed by: \_\_\_\_\_

References Checked: Y N Date: \_\_\_\_\_ By Whom: \_\_\_\_\_

Company Spoke to: \_\_\_\_\_ Spoke to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hire: Y N Date: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Work Location: \_\_\_\_\_