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## APPLICATION FOR EMPLOYMENT

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Alliance Benefit Plan Management, Inc. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Allegiance complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Allegiance also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

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

Address:

Number Street Apt. No. City State Zip Code

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Can you provide proof of your eligibility to work if you are under 18 years of age?  Yes  No

Are you available to work:  Full Time  Part Time  Temporary

If part time, specify days and hours: \_\_\_\_\_

Are you willing to work overtime as necessary?  Yes  No

Date you are available to begin work: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you ever been employed by us?  Yes  No If yes, when? \_\_\_\_\_

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied?  Yes  No If yes, please explain:

Have you ever been convicted of a crime (misdemeanor or felony)?\*  Yes  No

If yes, state nature of offense, when, where, and disposition:

\*A conviction will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, Allegiance Benefit Plan Management will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Do you have the legal right to work and remain in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

State name(s) of any relatives in our employ and your relationship to them:

**RECORD OF EDUCATION**

	High School	College/University	Graduate/Professional
School Name and Location			
Years Completed/Degree Earned			
Describe course of study:			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

State any additional educational information you feel May be helpful to us in considering your application:

**Indicate any foreign languages you can speak, read, and/or write**

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

**List professional, trade, business or civic activities and offices held.**

*(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)*

**PRIOR WORK HISTORY** (List in order, last or current employer first. Account for any gaps in your employment.)

- Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Employer Telephone Number: \_\_\_\_\_  
 Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rate of Pay: Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
 Supervisor's Name/Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Describe work performed (use additional paper if necessary)

**PRIOR WORK HISTORY**

2. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Telephone Number: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Rate of Pay: Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Describe work performed (use additional paper if necessary)

3. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Telephone Number: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Rate of Pay: Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Describe work performed (use additional paper if necessary)

4. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Telephone Number: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Rate of Pay: Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Describe work performed (use additional paper if necessary)

**MILITARY SERVICE RECORD**

Have you ever served in the armed forces?  Yes  No

List duties in the Service, including special training that is relevant to the position for which you have applied.

**SKILLS** (that you believe are related to the job for which you are applying)

Shorthand w.p.m.: \_\_\_\_\_ Typing w.p.m.: \_\_\_\_\_ 10-Key s.p.m.: \_\_\_\_\_

Other office equipment, computers, hardware, and software: \_\_\_\_\_

Are there any other experiences, skills, or abilities that you feel especially qualify you for work with our company?

**PROFESSIONAL REFERENCES**

1. Name and Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

2. Name and Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

3. Name and Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

