



# HI-COUNTRY SNACK FOODS, INC.

P.O. Box 159  
Lincoln, MT 59639  
Phone: (406) 362-4203  
Fax: (406) 362-4275

## EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number (Optional): \_\_\_\_\_

Drivers License: [  ] Yes [  ] No State \_\_\_\_\_ Do you have reliable transportation to and from work? [  ] Yes [  ] No

On what date would you be available for work? \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [  ] Yes [  ] No

Have you ever been convicted of a felony? [  ] Yes [  ] No If yes, please describe circumstances: \_\_\_\_\_

If the position applied for involves driving, have you been convicted, pleaded to no contention or paid a fine for any traffic violation in the past 3 years? [  ] Yes [  ] No

If yes, please explain: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment? [  ] Yes [  ] No

If yes, please describe circumstances: \_\_\_\_\_

### EDUCATION

Circle the highest school year attended: High School: 8 9 10 11 12 College: 1 2 3 4

City and State of last High School attended: \_\_\_\_\_

Degree(s) Received: \_\_\_\_\_

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

If you are employed at Hi-Country Snack Foods, Inc. please give a name and phone number of someone to notify in case of an emergency: \_\_\_\_\_

**EMPLOYMENT** (Most Recent First)

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Last Pay Rate \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Last Pay Rate \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Last Pay Rate \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Last Pay Rate \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date