

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

This application is current for thirty (30) days only, thereafter, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Any applicant who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the duties of the job for which the applicant is applying should inform Northwest Industrial Supply at 1819 2nd Avenue North, Billings, MT 59101

	Pers	onal Data		
Please Complete Pages 1	-4	Da	te	
Name				
Last	First		Middle	Maider
Present Address				
No.	Street	City	Stat	e Zip
How Long			Number	
, ,			Iours Available	e to Work
Position Applied For:			Mon	Thu
Salary Desired:			TuesWed	Fri
			Wed	Sat
Telephone:				Sun
How many hours can you v	vork weekly	?	_Can you work	nights?
Employment desired: Full	time only	Part time	onlyFull	or Part time_
Date available for work?		Have v	ou ever worke	d for this
		compa	ny hefore?	a for this
If so, when and where?		Sup	ervisor	
List any relatives presently location	working for	r Northwest 1	Industrial Sup	
HAVE YOU EVER BEEN CO If yes, explain number of co how recently such offense(onviction(s),	nature of off	ense(s) leading	g to conviction
of rehabilitation. Such con only be considered in relati	victions will	not absolutel	y prohibit emp	loyment, but v



	. Ed	ucation	
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	CIRCLE LAST GRADE COMPLETED	MAJOR & DEGREE
HIGH SCHOOL		10 11 12	
COLLEGE		1 2 3 4	
BUS. OR TRADE SCHOOL		1 2 3 4	

	Mi	litary				
Have you ever been	in the Armed Forces?	(Yes or No)				
Are you now a member of the National Guard or Reserves?						
Consiste	Date		Discharge			
Specialty:	Entered:		Date:			
WORK Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give the firm's name. Attach additional sheets if necessary.						
Name of Employer	Address	City, State, Zip Code	Phone number			
Name of Supervisor	Employment Date From: To:	Pay or Salary Start: Final:	Your Job Title			
while you were employ	ed with this company.	used or learned, advancen	nents or promotions			
Reason for Leaving (pl specific):						
[N = -						
Name of Employer	Address	City, State, Zip Code	Phone number			
Name of Supervisor	Employment Date From: To:	Pay or Salary Start: Final:	Your Job Title			
List the jobs you held, while you were employ Reason for Leaving (pl specific):	/ed with this company.	used or learned, advancen	nents or promotions			



Name of Employer	Address	City, State, Zip Code	Phone number
Name of Supervisor	Employment Date From: To:	Pay or Salary Start: Final:	Your Job Title
	duties performed, skills yed with this company.	used or learned, advancer	nents or promotions
Reason for Leaving (pl specific):	ease be		
Name of Employer	Address	City, State, Zip Code	Phone number
Name of Supervisor	Employment Date From: To:	Pay or Salary Start: Final:	Your Job Title
	duties performed, skills yed with this company.	used or learned, advancer	nents or promotions
while you were emplo	yed with this company.	used or learned, advancer	ments or promotions
while you were emplo	yed with this company.	used or learned, advancer	
while you were emplorment while you were emplorment with the second seco	yed with this company.		
while you were emplorment with the second for Leaving (p specific):	yed with this company.		
while you were employments Reason for Leaving (p specific): Name of Employer Name of Supervisor List the jobs you held,	lease be Address Employment Date From: To:	City, State, Zip Code Pay or Salary Start:	Phone number Your Job Title
Reason for Leaving (p specific): Name of Employer Name of Supervisor List the jobs you held,	lease be Address Employment Date From: To: duties performed, skills	City, State, Zip Code Pay or Salary Start: Final:	Phone number Your Job Title
while you were employments Reason for Leaving (p specific): Name of Employer Name of Supervisor List the jobs you held,	lease be Address Employment Date From: To: duties performed, skills yed with this company.	City, State, Zip Code Pay or Salary Start: Final:	Phone number Your Job Title



Do you have a driver's license? Yes No Name of issuing state:
Expiration Date:
List all states which have issued you a driver's license within the past 10 years. List the state and year(s) for each license:
Prior to employment the company will request a copy of your driving record for moving violations
and "charge" accidents for the past three years. List any moving violations and chargeable
accidents you have had for the past three years.
Incident: Date:
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PLEASE READ CAREFULLY
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the
contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the
like as they may exist from time to time, or other company practices, shall serve to create an
actual or implied contract of employment or to confer any right to remain an employee of this
company, or otherwise to change in any respect the employment-at-will relationship between it
and the undersigned, and the relationship cannot be altered except by a written instrument
signed by the President of Northwest Industrial Supply. Both the undersigned and Northwest
Industrial Supply may end the employment relationship at any time, without specified notice or
reason. If employed, I understand that the company may unilaterally change or revise their
benefits, policies and procedures and such changes may include reduction in benefits.
I authorize investigation of all statements contained in this application. I understand that
misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I authorize the investigation of all matters contained in this
application and hereby give Northwest Industrial Supply permission to contact schools, previous
employers (unless otherwise indicated) references, and others, and hereby release Northwest
Industrial Supply from any liability as a result of such contact.
The Fair Credit Reporting Act requires us to advise you that, in connection with our routine
processing of your employment application, we may request from a consumer reporting agency
an investigative consumer report including information as to your character, general reputation,
personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scene of any report requested by use
with additional information concerning the nature and scope of any report requested by us.
I further understand that my employment with Northwest Industrial Supply shall be probationary
for a period of up to 180 days, and further that at any time during the probationary period and
thereafter, my employment relation with Northwest Industrial Supply is terminable at will for any
reason by either party.
Signature of Applicant:
Northwest Industrial Supply is an equal opportunity employer. Thank you for completing this application and for your interest in our company