



3429 TransTech Way
Billings, MT 59102
(406) 252-8100
www.windmillrestaurant.net

APPLICATION FOR EMPLOYMENT

If you would like assistance completing this application form or need assistance during any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

We will not discriminate against or harass any employee to applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, state with regard to public assistance of name other protected classification.

Name _____ Date _____

Address _____
Street City State Zip

Telephone number _____ / _____ Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on a unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Are there any hours, shifts, or days you cannot or will not work? _____

Shift preferred _____ Part Time Full Time

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No *(Conviction will not neceswsarily disqualify an applicant for employment.) If yes, describe conditions:*

EDUCATION:	Name & Location of School	Year Graduated	Major	Diploma/ Degree
High School				
College/Univ.				
College/Univ.				
Other training/ Education	1.			
	2.			

In addition to your work history (reverse side), what other experience, skills or qualifications would especially fit you for work with our company?

Position(s) Applied For 1. _____ 2. _____
Wage or salary desired? \$ _____ When can you start? _____

WORK HISTORY:

May we contact your present employer? [] Yes [] No

Most Recent Employer			Address	Telephone ()
Date Started:	Starting Salary: \$	Per	Starting Position	
Date Left:	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Employer			Address	Telephone ()
Date Started:	Starting Salary: \$	Per	Starting Position	
Date Left:	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Employer			Address	Telephone ()
Date Started:	Starting Salary: \$	Per	Starting Position	
Date Left:	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Employer			Address	Telephone ()
Date Started:	Starting Salary: \$	Per	Starting Position	
Date Left:	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I understand that employment at this Company is "at will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president, has any authority to alter the foregoing.

Date _____ Applicant's Signature _____