

Karst Stage, Inc.
P.O. Box 1127
Bozeman, MT 59771-1127

EMPLOYMENT APPLICATION

Instructions to Applicant

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other protected group status.

Please answer all questions. Do not leave a question blank, instead please mark as "N/A". Please print legibly.

GENERAL APPLICANT INFORMATION

Position applied for _____ Date of Application _____

Applicant Name _____ SSN _____
Last First Middle

Contact Number(s) _____
Day Phone Eve Phone Email

Residency – Please list all places you have lived within the last 3 years starting with your current address. Add additional sheets if necessary.

Current Address _____
Address How Long (Yrs/Mo)

City State Zip Code

Previous Address _____
Address How Long (Yrs/Mo)

City State Zip Code

COMPANY EXPERIENCE

Have you worked for this company before? Yes No If "YES", from _____ to _____

Last position with Company? _____ Rate of pay _____

Reason For Leaving? _____

GENERAL INFORMATION

Do you have a legal right to be employed in the United States of America? (Proof Required) Yes No

What type of employment are you willing to accept? (Mark all that apply) Full-Time Part-Time Temporary Seasonal

How did you hear about this position? _____

What rate of pay do you expect for this position? _____

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EMPLOYMENT REFERENCE

All applicants must list all employment information for the last 3 years. If you are applying for a driving position, you must list the prior 10-years employment history. Please provide complete mailing address, city state and zip code information along with person to contact about your employment. List employer's in reverse order, starting with the most recent employer. Add additional sheets if necessary.

COMPANY NAME		DATES WORKED		POSITION(S) HELD
ADDRESS		FROM	TO	
CITY, STATE ZIPCODE		DUTIES / RESPONSIBILITIES		
PHONE NUMBER		REASON FOR LEAVING		
TYPE OF BUSINESS		REASON FOR LEAVING		
NAME OF SUPERVISOR		SALARY / WAGE	WORK HOURS:	
DID ABOVE POSITION REQUIRE A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT TO DRUG TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME		DATES WORKED		POSITION(S) HELD
ADDRESS		FROM	TO	
CITY, STATE ZIPCODE		DUTIES / RESPONSIBILITIES		
PHONE NUMBER		REASON FOR LEAVING		
TYPE OF BUSINESS		REASON FOR LEAVING		
NAME OF SUPERVISOR		SALARY / WAGE	WORK HOURS:	
DID ABOVE POSITION REQUIRE A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT TO DRUG TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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ADDRESS		FROM	TO	
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COMPANY NAME		DATES WORKED		POSITION(S) HELD
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TYPE OF BUSINESS		REASON FOR LEAVING		
NAME OF SUPERVISOR		SALARY / WAGE	WORK HOURS:	
DID ABOVE POSITION REQUIRE A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT TO DRUG TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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PERSONAL REFERENCE

Please list the names of 3 individuals that you have known five (5) years or more.

NAME	YEARS KNOWN	RELATIONSHIP TO YOU
ADDRESS		
CITY, STATE ZIPCODE	COMMENT	
PHONE NUMBER		
NAME	YEARS KNOWN	RELATIONSHIP TO YOU
ADDRESS		
CITY, STATE ZIPCODE	COMMENT	
PHONE NUMBER		
NAME	YEARS KNOWN	RELATIONSHIP TO YOU
ADDRESS		
CITY, STATE ZIPCODE	COMMENT	
PHONE NUMBER		

EDUCATION INFORMATION

Please circle highest grade level completed

1 2 3 4 1 2 3 4 Associate Bachelor Master PhD
 High School College Received the following degrees

Last School Attended _____

Name

City / State

SKILL INFORMATION

- General Computer Usage _____
- Computer Software _____
- Office Equipment _____
- Training Certificates _____
- Mechanical Certificates _____
- Other Licenses Held _____
- Other Skills _____

