

# Application for Employment

## Student Temp

All Campus (If N/A put N/A)

**Return completed application to:**

Kelly Graham  
Human Resource Office  
710 South Atlantic  
Dillon, MT 59725  
**(406) 683-7031**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Year in school \_\_\_\_\_ Major \_\_\_\_\_ Expected Grad Date \_\_\_\_\_

Dillon Mailing Address \_\_\_\_\_ Preferred Telephone \_\_\_\_\_

\_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_ 8000: \_\_\_\_\_

**Have you worked elsewhere on campus? If yes, where?** \_\_\_\_\_

**How many hours do you want to work? (Ex: 5-10hrs/week, 10-19hrs/week)** \_\_\_\_\_

**Please give the following information for campus/non-campus professional or academic reference other than a relative.**

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Affiliation \_\_\_\_\_

- A List of Areas of Interest for Professional Development (examples: Athletics, Office Skills, ect.) \_\_\_\_\_

- A list of your skills, abilities and strengths \_\_\_\_\_

- Semester class schedule (If Available)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_