



DATE _____ OFFICE USE ONLY

POSITION APPLIED FOR _____

EMPLOYMENT APPLICATION

200 North Adams St. | Missoula, MT 59802 | 406-728-1911 | Fax 406-721-0637 | Email: mct@mctinc.org | www.mctinc.org

APPLICANT INFORMATION

First Name		Middle	Last	
Address				Apt/Unit #
City			State	Zip
Phone		Secondary		
Email			<p>Are you legally authorized to work in the United States?</p> <p>▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/></p>	
<p>Have you ever been convicted of a crime, felony, or misdemeanor?</p> <p>▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/> <i>If Yes, please explain.</i></p>			<p>Are You a Veteran?</p> <p>▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/></p>	

EDUCATION

High School		Location		
From	To	Did you graduate? ▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/>	Degree	
College / University		Location		
From	To	Did you graduate? ▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/>	Degree	
Graduate / Professional		Location		
From	To	Did you graduate? ▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/>	Degree	
Other		Location		
From	To	Did you graduate? ▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/>	Degree	

PREVIOUS EMPLOYMENT

In chronological order beginning with current or most recent position

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities	From	To	
	Reason for Leaving		
	May we contact? ▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/>		

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities	From	To	
	Reason for Leaving		
	May we contact? ▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/>		

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities	From	To	
	Reason for Leaving		
	May we contact? ▶ Yes <input type="checkbox"/> ▶ No <input type="checkbox"/>		

REFERENCES List at least three work-related references, not including relatives			
Name		Relationship	
Company	Phone	Email	
Name		Relationship	
Company	Phone	Email	
Name		Relationship	
Company	Phone	Email	
Name		Relationship	
Company	Phone	Email	

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is NOT an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview, on this form or on any attachments or résumés are grounds for terminating the application process or, if discovered after employment, terminating employment. The **Disclosure and Authorization** form must be completed for the application to be processed.

PLEASE READ THE FOLLOWING, THEN SIGN AND DATE BELOW

I certify that I have read and understand the above **Applicant Note** and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I authorize MCT, Inc. and/or its agents, including consumer-reporting bureaus, to verify any of this information. Further, I authorize all former employers, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

▶ **Signature** _____ ▶ **Date** _____



DISCLOSURE AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Missoula Children's Theatre may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by VICTIG, 14587 South, 790 West, Suite C 201, Bluffdale, UT 84065 Phone: 866-886-5644, Fax: 866-721-8263, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the **Disclosure Regarding Background Investigation** and certify that I have read and understand it. I also am aware that I may request **A Summary of Your Rights Under the Fair Credit Reporting Act** from MCT Inc. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by VICTIG, 14587 South, 790 West, Suite C 201, Bluffdale, UT 84065 Phone: 866-886-5644, Fax: 866-721-8263, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.

California applicants or employees only Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

I am authorizing VICTIG, Inc to conduct the background check(s) described above.

I acknowledge I may request a hard copy of this Disclosure and Authorization form by calling VICTIG at Telephone: 866-886-5644 or Fax: 866-721-8263.

Name ▶ _____ Social Security # ▶ _____

Address ▶ _____ Date of Birth ▶ _____

Driver's License # ▶ _____ State _____ Expires _____

Signature ▶ _____ Date ▶ _____