

EMERGENCY HIRE APPLICATION

Name: _____ Home Phone: (____) _____
Last First Middle Message #: (____) _____

Permanent Mailing Address: _____
Street or P.O. Box City State Zip

Date of Birth: ___/___/___ CSKT Enrollment # _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? Yes _____ No _____

If YES, please explain the offense(s), the date(s) committed and penalties/fines imposed: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____

If YES, please explain the offense(s), the date(s) committed and penalties/fines imposed: _____

DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes _____ No _____

If NO, is there anything that may prevent you from being eligible for a license?

EMPLOYMENT PREFERENCE (check **ONE**):

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Cook | <input type="checkbox"/> Education/Teacher/Aide | <input type="checkbox"/> Secretarial/Clerical |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Home Health/Caregiver | <input type="checkbox"/> Shift Worker |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Laborer | |

LOCATION MOST CONVENIENT FOR YOU: _____
Example: (Elmo, Polson, etc.)

CAN YOU WORK EVENINGS? _____ CAN YOU WORK WEEKENDS? _____

PLEASE CHECK  EACH QUALIFICATION OR SKILL THAT APPLIES TO YOU:

- | | |
|---|---|
| <input type="checkbox"/> WORD PROCESSING | <input type="checkbox"/> DATABASE |
| <input type="checkbox"/> SPREADSHEETS | <input type="checkbox"/> PERSONAL COMPUTER |
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> BOOKKEEPING |
| <input type="checkbox"/> TYPING ____ WPM | <input type="checkbox"/> 10-KEY |
| <input type="checkbox"/> WRITING SKILLS | <input type="checkbox"/> COMMUNICATION SKILLS |
| <input type="checkbox"/> SUPERVISION | |
| <input type="checkbox"/> POWER HAND TOOLS | <input type="checkbox"/> HAND TOOLS |
| <input type="checkbox"/> CHAINSAW OPERATION | <input type="checkbox"/> HEAVY EQUIPMENT OPERATOR |
| <input type="checkbox"/> FIRST AID CARD | <input type="checkbox"/> CPR CARD |
| <input type="checkbox"/> COMMERCIAL LICENSE (CDL) | |

LIST ANY OTHER INFORMATION, SKILLS AND ABILITIES THAT WOULD BE BENEFICIAL TO YOUR APPLICATION. PLEASE BE SPECIFIC:

ATTENTION!!

****Due to the high number of applications on file for emergency hire, the Personnel Department will be using a three (3) strike policy. If our office calls you for an opening and we are unable to reach you three times, or you deny job opportunities three times, your application will be removed. Your application will stay on file for six (6) months. If you are hired on emergency hire, or currently working for CSKT, your application will be removed.****

Please initial here if you authorize the release of your name and phone number to private businesses outside of CSKT for addition employment opportunities.

I am signing this emergency hire application acknowledging that I understand and agree to the emergency hiring policies stated on this application.

Signature of Applicant

Date Signed

OFFICE USE ONLY

Date/Time Called (#1)

Date/Time Called (#2)

Date/Time Called (#3)

Reason: _____

Reason: _____

Reason: _____