

EMERGENCY HIRE APPLICATION

Name: _____ Home Phone: (____) _____
Last First Middle Email: _____

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:

- WORD PROCESSING
- SPREADSHEETS
- ACCOUNTING
- TYPING _____ WPM
- WRITING SKILLS
- SUPERVISION
- POWER HAND TOOLS
- CHAINSAW OPERATION
- FIRST AID CARD
- COMMERCIAL LICENSE (CDL)
- DATABASE
- PERSONAL COMPUTER
- BOOKKEEPING
- 10-KEY
- COMMUNICATION SKILLS
- HAND TOOLS
- HEAVY EQUIPMENT OPERATOR
- CPR CARD

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.

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: _____