

# S & K ELECTRONICS, INC.

56301 US HWY 93, RONAN MT 59864  
(406) 883-6228

PHONE: (406) 883-6241 FAX:

## APPLICATION FOR EMPLOYMENT

*Please print legibly and complete all items. If an item does not apply to you, please enter N/A. Make sure that you provide telephone number(s) for contact.*

1. POSITION YOU ARE APPLYING FOR (production, office, etc.) \_\_\_\_\_
2. WAS THIS POSITION ADVERTISED? YES or NO IF YES, WHAT AD ARE YOU RESPONDING TO? (Job Service, Char-Koosta News, Leader, Advertiser, etc.) \_\_\_\_\_
3. NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)  
OTHER NAMES USED (maiden, former married, etc.) \_\_\_\_\_
4. MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
5. HOME TELEPHONE \_\_\_\_\_ WORK \_\_\_\_\_ MESSAGE \_\_\_\_\_  
(Include Area Code if not Montana.) CELL \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_
6. SOCIAL SECURITY # \_\_\_\_\_ ARE YOU AGE 18 OR OLDER? **Circle** YES or NO
7. HAVE YOU EVER WORKED FOR S&K ELECTRONICS? **Circle** YES or NO IF YES, WHEN, IN WHAT JOB AND FOR HOW LONG? \_\_\_\_\_
8. ARE YOU AN ENROLLED MEMBER OF THE CS&K TRIBES? **Circle** YES or NO ENROLLMENT # \_\_\_\_\_
9. ARE YOU A DIRECT DESCENDANT OF AN ENROLLED MEMBER OF THE CS&K TRIBES? **Circle** YES or NO IF YES, NAME OF ENROLLED PARENT \_\_\_\_\_
10. ARE YOU AN ENROLLED MEMBER OF ANOTHER TRIBE? **Circle** YES or NO IF YES, NAME OF TRIBE \_\_\_\_\_ & ENROLLMENT # \_\_\_\_\_
11. IF MARRIED, IS YOUR SPOUSE AN ENROLLED MEMBER OF THE CS&K TRIBES? **Circle** YES or NO IF YES, SPOUSE'S NAME \_\_\_\_\_ & ENROLLMENT # \_\_\_\_\_
12. HAVE YOU BEEN CONVICTED OF A FELONY? **Circle** YES or NO IF YES, PLEASE EXPLAIN INCLUDING OFFENSE, DATE AND DISPOSITION \_\_\_\_\_
13. WHAT IS THE LOWEST RATE OF PAY YOU WILL ACCEPT? \$ \_\_\_\_\_ PER \_\_\_\_\_ (hr, wk, mo, yr)
14. ARE YOU WILLING TO WORK MORE THAN 40 HOURS PER WEEK?
15. ARE YOU WILLING TO WORK LESS THAN 40 HOURS PER WEEK? **Circle** YES or NO
16. IF HIRED WOULD YOU BE AVAILABLE TO WORK EITHER DAY OR SWING SHIFT? **Circle** YES or NO IF NO, WHAT SHIFT WOULD YOU BE AVAILABLE TO WORK? **Circle** DAY or SWING
17. IF OFFERED EMPLOYMENT, WHAT IS THE EARLIEST DATE YOU WOULD BE AVAILABLE TO START WORK?  
(Example: Two weeks from date of offer, as soon as possible, etc.) \_\_\_\_\_

18. HAVE YOU BEEN FIRED OR RELIEVED FROM A JOB IN THE PAST 5 YRS? **Circle** YES or NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

19. FIRST AND LAST NAME OF PERSON TO NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**EDUCATION AND TRAINING** (Applicants may be asked to provide proof of highest education level completed.)

20. In the table below, please **Circle** either Yes or No for each level of school you attended.

Leave blank or enter N/A if you did not attend school at that level.

Grade School		High School		College		Graduate School	
Graduated?	Yes No	Diploma?	Yes No	Degree?	Yes No	Degree?	Yes No

21. HIGH SCHOOL NAME \_\_\_\_\_ CITY & STATE \_\_\_\_\_

22. IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A GED? **Circle** YES or NO IF YES, NAME OF SCHOOL \_\_\_\_\_ and

CITY AND STATE WHERE YOU RECEIVED YOUR GED \_\_\_\_\_

23. COLLEGE NAME \_\_\_\_\_ CITY & STATE \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_ DEGREE \_\_\_\_\_

24. GRADUATE SCHOOL \_\_\_\_\_ MAJOR \_\_\_\_\_ DEGREE \_\_\_\_\_

25. OTHER EDUCATION OR TRAINING (vo-tech, apprenticeship, military, etc.) (Include school name, city and state where acquired)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26. ARE YOU CLAIMING VETERAN'S PREFERENCE? **Circle** YES or NO IF YES, PLEASE ATTACH A CERTIFIED COPY OF YOUR DD FORM 214 TO THIS APPLICATION TO VERIFY YOUR SERVICE.

**EMPLOYMENT** (Present or most recent employer first) (Include Area Code if employer is not located in Montana.)

27. PRESENT OR MOST RECENT EMPLOYER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_

\_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON LEFT OR IF STILL EMPLOYED, REASON YOU WANT TO  
(month & year) (month & year)

LEAVE \_\_\_\_\_

28. NEXT PREVIOUS EMPLOYER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
YOUR JOB TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON LEFT \_\_\_\_\_  
(month & year) (month & year)

29. NEXT PREVIOUS EMPLOYER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
YOUR JOB TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON LEFT \_\_\_\_\_  
(month & year) (month & year)

30. NEXT PREVIOUS EMPLOYER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON LEFT \_\_\_\_\_  
(month & year) (month & year)

31. NEXT PREVIOUS EMPLOYER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON LEFT \_\_\_\_\_  
(month & year) (month & year)

(Continue Employment History on page 4 or attach additional sheets or résumé if necessary. Be sure you include all requested information for each period of employment.)

**SKILLS AND ABILITIES**

*PLEASE LIST DEMONSTRABLE SKILLS AND ABILITIES THAT YOU BELIEVE QUALIFY YOU FOR EMPLOYMENT WITH S&K ELECTRONICS IN THE KIND OF POSITION FOR WHICH YOU ARE APPLYING (FOR EXAMPLE, SKILL IN USING ELECTRONIC TEST EQUIPMENT, MANUAL DEXTERITY IN ASSEMBLING, INVENTORY CONTROL, SOLDERING, QUALITY ASSURANCE, MAINTENANCE, KEYBOARDING, WRITING ABILITY, ETC.). LIST THESE SKILLS IN ORDER FROM MOST PROFICIENT TO LEAST PROFICIENT AND INDICATE THE LENGTH OF TIME YOU PRACTICED EACH. TAKE SOME TIME WITH THESE ITEMS; THEY CAN BE IMPORTANT FACTORS IN OUR SCREENING AND SELECTION PROCESS. IF SOLDER CERTIFIED, INCLUDE LEVEL AND DATE OF CERTIFICATION AND PROVIDE COPY OF CERTIFICATE.*

**SKILLS** (Please indicate **where** and **when** you acquired these skills and **how long** you practiced them.)

32. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABILITIES** (Please indicate **where** and **when** you acquired these abilities and **how long** you practiced them.)

33. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

*PLEASE BE PREPARED TO PROVIDE A LIST OF AT LEAST THREE (3) PERSONS [full name, mailing address, phone number with area code and that person's relationship to you (ex: supervisor, co-worker, department manager, etc.)] WHO HAVE PERSONAL KNOWLEDGE OF YOUR WORK ABILITY, ATTITUDE, SENSE OF RESPONSIBILITY, AND/OR GENERAL CHARACTER. **DO NOT LIST RELATIVES OR FRIENDS UNLESS THEY HAVE FORMALLY EMPLOYED YOU FOR PAY.***

**CONTINUATION ITEM NUMBER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REVIEW THIS APPLICATION TO BE SURE THAT YOU ANSWERED EVERY ITEM COMPLETELY AND CORRECTLY. FAILURE TO COMPLETE ALL ITEMS MAY AFFECT CONSIDERATION FOR EMPLOYMENT. INTERVIEW SELECTIONS AND HIRING DECISIONS ARE BASED ON THE INFORMATION PROVIDED IN YOUR APPLICATION PACKET.**

**CAREFULLY READ THE FOLLOWING BEFORE SIGNING.**

*I HEREBY AUTHORIZE S&K ELECTRONICS, INC. TO CONDUCT WHATEVER INVESTIGATIONS IT DEEMS NECESSARY TO VERIFY INFORMATION PROVIDED BY ME ON THIS APPLICATION. I RELEASE FROM LIABILITY ALL PERSONS AND ORGANIZATIONS WHO SUPPLY INFORMATION PURSUANT TO SUCH INVESTIGATIONS.*

**I UNDERSTAND THAT ANY FALSE INFORMATION OR MISREPRESENTATION THAT I MIGHT MAKE IN THIS APPLICATION OR IN ANY OTHER ATTACHED OR RELATED DOCUMENTS WILL BE SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT OR IF SUBSEQUENTLY EMPLOYED BY S&K ELECTRONICS, FOR DISMISSAL AT ANY TIME IN THE FUTURE WHEN FALSE INFORMATION OR MISREPRESENTATION IS REVEALED.**

*I ALSO UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE OR IMPLY A CONTRACT FOR EMPLOYMENT OR FOR ANY BENEFIT BETWEEN S&K ELECTRONICS, INC. AND MYSELF. I HAVE RECEIVED NO PROMISES REGARDING EMPLOYMENT OR DURATION OF EMPLOYMENT.*

**DATE** \_\_\_\_\_ **APPLICANT'S SIGNATURE** \_\_\_\_\_

NOTE: THIS APPLICATION WILL BE KEPT IN OUR ACTIVE FILES FOR CONSIDERATION FOR NO LESS THAN 45 DAYS FROM DATE OF RECEIPT. IF YOU WISH TO EXTEND CONSIDERATION BEYOND THAT TIME, YOU MUST CONTACT S&K ELECTRONICS PRIOR TO THE END OF THAT PERIOD. IT IS YOUR RESPONSIBILITY TO INFORM S&K ELECTRONICS OF ANY CHANGES IN YOUR CONTACT INFORMATION.