

**COR Enterprises**  
200 South 24<sup>th</sup> Street  
Billings, MT 59101  
(406) 248-9115  
fax (406) 245-0606

**Career Guidance Center**  
2121 Lampman Drive  
Billings, MT 59102  
(406) 256-8160  
fax (406) 256-8170

Applicants are considered for all positions without regard to race, ethnicity, religion, gender, national origin, age, marital or veteran status, or presence of a non-related medical condition or disability. Applications will be current for 90 days.

Date of Application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

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1. Name \_\_\_\_\_

Last

First

Middle

2. Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

3. On what date would you be available for work? \_\_\_\_\_

4. Are you available for work \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Shift Work

\_\_\_\_\_ Temporary

\_\_\_\_\_ Saturdays \_\_\_\_\_ Sundays \_\_\_\_\_ Holidays

\_\_\_\_\_ Overtime

5. Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

7. Have you ever been discharged from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

8. Are there work-place accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate: \_\_\_\_\_

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9. Give name, address, and telephone numbers of two or three references that are not related to you.

A. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

**MOST RECENT EMPLOYMENT EXPERIENCES**

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Employer/Company Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Dates Employed:  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer/Company Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Dates Employed:  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer/Company Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Dates Employed:  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:  
Summarize special skills and qualifications acquired from employment or other experience.

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

List professional, trade, and business organizations with which you are affiliated, and offices held. (Exclude those, which indicate race, ethnicity, religion, gender, or national origin.)

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

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# EQUAL EMPLOYMENT OPPORTUNITY VOLUNTARY SELF-IDENTIFICATION

Name: \_\_\_\_\_ Date \_\_\_\_\_

COR Enterprises is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

THIS INFORMATION IS VOLUNTARY AND WILL ONLY BE USED FOR REPORTING TO GOVERNMENTAL AGENCIES. IT WILL NOT BE USED IN DETERMINING EMPLOYMENT ELIGIBILITY AND WILL BE KEPT SEPARATE FROM THE APPLICATION FORM AND PERSONNEL FILE.

Gender:      Male    Female

Race/Ethnic Group:    Caucasian/White                    Asian                    Pacific Islander  
                           Hispanic/Latino                    African/Black                    American Indian/Alaska Native  
                           Two or more races \_\_\_\_\_                    Other \_\_\_\_\_

Federal government regulations define the racial and ethnic classifications as follows:

**Caucasian/White:** All persons having origin in any of the original peoples of Europe, North Africa or the Middle East.

**African/Black:** All persons having origins in any of the Black racial groups of Africa.

**Asian:** All persons having origins of the original peoples of the Far East, Southeast Asia or Indian Subcontinent.

**Pacific Islander:** All persons having origins of the original peoples of the Pacific Islands.

**American Indian/Alaska Native:** All persons having origins of the original peoples of North America, and who maintain cultural identification.

**Hispanic/Latino:** All persons of Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture, regardless of race.

**Vietnam Era Veterans, Other Eligible Veterans, Special Disabled Veterans and Individuals with Disabilities**  
Government Contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment Vietnam era and other eligible veterans, qualified special disabled veterans, and qualified disabled individuals.

Yes    No   **Veteran of the Vietnam Era**

A "Veteran of the Vietnam Era" is a person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged with other than a dishonorable discharge. Veterans meeting the above criteria who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975 are also protected.

Yes    No   **Recently Separated Veteran**

A "Recently Separated Veteran" is defined as a veteran who has been discharged or released from active duty within the past one-year period.

Yes    No   **Other Eligible Veteran**

An "Other Eligible Veteran" is defined as a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Yes    No   **Special Disabled Veteran**

A "Special Disabled Veteran" is a person entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rate at 30% or more, or rated at 10 or 20% in the case of a veteran who has been determined by the Department of Veteran Affairs to have a serious employment handicap, or a person whose discharge or release from active duty was for a service-connected disability.

Yes    No   **Disabled Individual**

A disabled individual is defined as an individual who has a mental or physical impairment which substantially limits one or more major life activities, has a record of such impairment, or who is perceived as having such an impairment.

If you are an individual with a disability or a special disabled veteran, and would like to be included under our affirmative action program, you should inform us of (1) any special methods, skills and procedures which qualify you for the positions that you might not otherwise be able to do because of your disability, and (2) the accommodations necessary to assist you in performing the job, including special equipment, elimination of certain duties relating to the job, provision of personal assistance services, or other accommodations.

Information you submit about your disability will be kept confidential, except that supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities, and regarding necessary accommodations. First aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment. Government officials engaged in enforcing laws administered by OFCCP of the Americans with Disabilities Act may be informed. A written copy of the Affirmative Action Program is available for inspection by any employee or applicant, during normal business hours, in the Business Office.