

West Glacier Village

Guest Services since 1938
Employment Application

West Glacier Mercantile, Inc.
Human Resources
PO Box 410 E
West Glacier MT 59936

Phone: 406-471-9201
Email: employment@westglacier.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

We operate seasonal businesses from mid May through September; three gift shops, two motels, a grocery store, gas station, restaurant and bar. Available jobs vary from season-to-season but may include: gift shop cashiers, cooks, prep-cooks, dishwashers, bus persons, wait staff, grocery cashiers/stockers, lodging front desk staff, housekeepers, gas station attendant/cashier, and office cash reconcilers.

PLEASE DO NOT USE ANY SPECIAL CHARACTERS ()<>[]{| \ / " ' ; : ~ `
INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

Last Name		First Name		Middle Name	
Permanent Mailing Address			City	State	Zip Code
Telephone Number(s)			Email Address		

Position(s) applying for, please list in order of preference if more than one	Date of Application
How Did You Learn of This Opening? <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Online Advertising <input type="checkbox"/> West Glacier Village website Other _____	

Are you submitting a resume with your application? **Yes** **No**

Have you ever worked for or applied with this company before? **Yes** **No** If yes, when? _____

Can you show proof of authorization to work in the United States? **Yes** **No**

Have you been convicted of a felony or misdemeanor in the past 7 years? **Yes** **No**

If yes, please explain _____

Earliest date available for work _____ Latest date available to work _____

Are you available for Full Time-40 hour work week Part Time-less than 40 hours

How many hours if less than 40? _____ Some departments may be able to accommodate part-time staff but most require full-time commitment (8 hours per day 5 days per week). If you are applying for dormitory housing or an RV space full time work is required.

HOUSING

Will you require dormitory housing? **Yes** **No** Dormitory housing accommodates two or more roommates and is not co-ed.

Do you plan to live in your RV and will you require RV space? **Yes** **No**

Are you requesting specific roommates in WGMI's dormitory housing or RV space? **Yes** **No**

Name(s) of requested roommate(s): _____

Housing requests will be accommodated where appropriate and available.

All staff housed on WGMI property must work full-time and a reasonable weekly rent will be deducted from each employee's paycheck.

PREFERENCES

What shift do you *prefer*? **AM** **PM** **Any** Peak season business hours are 6:00 am until 10:30 pm.

Will you need any special days off this season? **Yes** **No** Dates: _____

Will you have any additional requests you would like to make? (For example, assignment preference, location preference, or other requests controlling the condition of accepting employment) **Yes** **No**

If yes, you may use the following space to explain. WGMI makes no guarantees that your request or preferences will be accommodated but will make an attempt to accommodate requests and preferences where appropriate and available.

Employment History

Previous employers will be contacted

List in order, current or last employer first.

1. Employer Name	Employer Address		
Telephone ()	Dates Employed Start End	Position held	Rate of Pay
Supervisor's Name/Title	Reason for Leaving		

Describe the work you performed in your last job. Include information about the tasks you performed and the equipment you used.

2. Employer Name	Employer Address		
Telephone ()	Dates Employed Start End	Position held	Rate of Pay
Supervisor's Name/Title	Reason for Leaving		

Describe the work you performed in your last job. Include information about the tasks you performed and the equipment you used.

3. Employer Name	Employer Address		
Telephone ()	Dates Employed Start End	Position held	Rate of Pay
Supervisor's Name/Title	Reason for Leaving		

Describe the work you performed in your last job. Include information about the tasks you performed and the equipment you used.

EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

SPECIALIZED SKILLS
Describe any other job related specialized training or skills acquired from employment, the United States military or other experience that you believe may help you qualify for the position for which you are applying.

PLEASE LIST THREE PROFESSIONAL REFERENCES

You may use coworkers, clergy, professors, teachers, supervisors, etc. Do not use relatives, friends or former employees of WGMI
 If this information is in your resume and has been submitted with this application please check here

Name: _____ Phone/Email: _____ Relationship _____

Name: _____ Phone/Email: _____ Relationship _____

Name: _____ Phone/Email: _____ Relationship _____

APPLICANT'S STATEMENT

All applications must be signed and dated.

I certify that the information provided herein and attached to this Application for Employment is true and complete.

I authorize the West Glacier Mercantile, Inc and its agents to investigate all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false, misleading information or material omissions given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all company policies and procedures and that they may from time to time be changed, suspended, revoked, terminated or superseded by West Glacier Mercantile, Inc. management.

By clicking on this box and typing your name in the box marked signature you are authorizing an electronic signature

Signature of Applicant

Date