

# 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](mailto: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.

## 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