



OPPORTUNITIES, INC. EMPLOYMENT APPLICATION

905 1st Avenue North
 P.O. Box 2289
 Great Falls, MT 59403
 (406) 761-0310 (HR)
 (406) 315-3139 (FAX)

“Equal Opportunity Employer” M/F

Each position you apply for must have a separate application packet, which includes all requested application materials. **Applications received incomplete, missing the requested materials, or after the day of closing will not be considered for a position.**

You may Fax your completed application packet to: (406) 315-3139, Scanned PDF applications may be emailed to hr@gfoppinc.org or you may mail applications to Opportunities, Inc., P.O. Box 2289, Great Falls, MT 59403. Attention: HR Department.

You may request a complete job description by emailing hr@gfoppinc.org or calling 761-0310, or stop by 905 1st Ave. N. (ring the buzzer) Great Falls, MT 59401.

Please be aware that all persons offered a position with Opportunities, Inc. may be required to complete some or all of the following prior to being able to begin work:

- Criminal History Check
- Central Background Registry with Child Care Division
- Proof of eligibility to work in the United States
- TB Test
- Physical Exam
- Drug Screen
- Class ‘B’ Commercial Driver’s License or Permit
 - School Bus driver license endorsement
 - Passenger driver license endorsement
- Proof of current automobile insurance
- Department of Motor Vehicles Check
- CPR / First Aid Certification
- Food Handler’s Card
- Transcripts and/or diplomas



Opportunities, Inc.
 Helping People, Changing Lives

For more information about Opportunities, Inc., please visit our website.

www.oppincchanginglives.org

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“Equal Opportunity Employer” M/F

Please type or print in ink the job application in full. If a personal interview is necessary you will be notified on the time and date. A letter will be mailed to you if you are not selected for the position.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Position Applying for: _____ Date _____

How did you learn of this position? _____

Name _____
First Middle Last

Address _____
Street City State Zip

Phone Number: _____
Work Home Mobile

EDUCATION

High School Diploma _____ HiSet/High School Certificate _____ Grade Completed _____

College _____ Number of Years _____ Date of Degree _____

Major _____ Minor _____

Other Education _____

Have you ever been employed by Opportunities, Inc. Head Start? Yes No Dates: _____

Date available to begin employment: _____

Are you related to a current Opportunities, Inc. Head Start Policy Council Member? Yes No

If yes, provide name of the Policy Council Member: _____

Are you related to a current Head Start employee? Yes No

If yes, provide name of relative: _____

Are you a current Opportunities, Inc. Head Start Parent? Yes No

Are you interested in? Full Time Part Time Either Full or Part Time On-call

SPECIAL SKILLS:

Do you have a driver's license? Yes No

What is your level of computer proficiency? Beginner Intermediate Advanced

Please check any of the following Certifications or Licenses that you currently have:

CPR/First aid Boiler's License Food Handler's Card

Child Development Associate CDL

Others (*Please List*): _____

EXPERIENCE

List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. Begin with your present or most recent experience.

Notice to applicants: Information that you provide on the application is subject to verification. We reserve the right to contact previous employers for references.

Do you want to be informed before we contact your present employer? Yes No

Name of Employer			
Address of Employer (Street, City, State)			
Dates of Employment		_____ to _____	Phone Number
Job Title			Supervisor
Work Performed:			
Reason for Leaving:			
Name of Employer			
Address of Employer (Street, City, State)			
Dates of Employment		_____ to _____	Phone Number
Job Title			Supervisor
Work Performed:			
Reason for Leaving:			
Name of Employer			
Address of Employer (Street, City, State)			
Dates of Employment		_____ to _____	Phone Number
Job Title			Supervisor
Work Performed:			
Reason for Leaving:			

PROFESSIONAL REFERENCES:

Please list at least three references other than family members or domestic partners who have first-hand knowledge of your ability, character and personality.

Complete this section even if you are including a resume.

Name:	Relationship:	Phone:

VOLUNTEER EXPERIENCE AND COMMUNITY ACTIVITIES

Name & Address of Organization: _____

Date of Service: _____ Your Title: _____

Supervisor's Name and Phone: _____

Your Duties: _____

ADDITIONAL INFORMATION

How did you hear about our Agency, and what do you know about our services?

Explain your expectations working for a non-profit agency and also please provide any additional information you wish to include in your application.

Opportunities, Inc. has a basic responsibility to ensure client welfare and safety is considered to the highest degree.

Please provide the information requested below. We will evaluate information received and determine relevancy to your proposed job assignment. The existence of a criminal record is not in itself a barrier to employment. If, however, you are not truthful or withhold information, it may result in future disciplinary action or termination of employment.

Other Names Used _____

Former Address (within past five years)

Address	City	State	Zip	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(list additional on reverse side)

Do you have current Driver's License? Yes No If no, offense which caused you to lose your license, _____

Date your Driver's License will be returned: _____

Do you have current proof of automobile insurance: Yes No

Have you ever been arrested and convicted or paid a fine (over \$50.00) for a criminal offense:

Yes No

If yes, give the following information:

Date	Charge
_____	_____
_____	_____

(Nature of offense)

Place	Sentence
_____	_____
_____	_____

(Fine/probation/jail or prison term)

Are you currently facing formal criminal charges? Yes No

If yes, give the following information:

Date	Charge
_____	_____
_____	_____

Place	Date of Pending Trial or Hearing
_____	_____
_____	_____

I fully understand that any misrepresentation of the foregoing information may be grounds for non-employment or dismissal.

Applicant Signature

Date

Opportunities, Inc. is an equal opportunity employer. Our agency does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability, arrest record, or any other protected classification.

1. I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.
2. I understand that if I am applying for any childcare position with Opportunities, Inc. Head Start, compliance and eligibility with the DPHHS to be certified for daycare licensing is required at time of hire, and must be renewed every year.
3. I understand that if I am applying for any position with Opportunities, Inc. Head Start, non-management staff is currently represented by MFPE and if I am part of the bargaining unit I will be required to pay monthly Union dues or Fair Share.
4. I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail are grounds for disqualification from consideration for employment or if hired for dismissal from employment.

Signature of Applicant: _____ Date: _____

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Opportunities, Inc. to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references or any other persons who can verify information.

I further authorize Opportunities, Inc. to discuss the results of any investigation with all of their employees who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, past work experience, my background and suitability of employment and I release each such persons and former employers from liability for providing such information.

Signature of Applicant: _____ Date: _____

Employee Relationship

Are any relatives of you or your spouse employed by Opportunities, Inc. or delegate agencies; serving on The Board of Directors of Opportunities, Inc. or serving on any policy making or advisory board or group to the Board of Directors of Opportunities, Inc.?

YES NO

If yes, give the following information:

Name _____ Relationship _____

Agency or Board _____

Name _____ Relationship _____

Agency or Board _____

Civil Rights Statement

The Civil Rights Act protects against discrimination on the basis of race, color, religion, sex, national origin, marital status, ancestry, age, physical or mental handicap, beliefs, receipt of public assistance, political affiliation, or ex-offender status.

These rights apply but are not limited to the areas of education, training, health, welfare, employment, housing, transportation, criminal justice, recreation, voting, etc.

If you feel that you have been discriminated against during the employment application/selection process and wish to pursue the complaint procedure process, inquire at Opportunities, Inc.

I hereby acknowledge that I have read and understand the foregoing Civil Rights statement.

Signature

Date

If selected for employment I understand that I will be required to show proof of citizenship or immigration status.

I authorize the agency to check with previous employers and references as listed on the application, resume, or other attachments.

I understand if selected as an employee of Opportunities, Inc. a background check will be completed through law enforcement agencies.

Signature

Date

For Completion by Opportunities, Inc. Staff Only

Staff Signature Application Received

Date