

Check any of the following skills or certifications you have:

| | | |
|---------------------|---------|--------------------------|
| Typing wpm_____ | CPR | Computer |
| First Aid | Ten key | Manual sign language |
| DDCPT or equivalent | MANDT | Medication Certification |

Describe any other training (workshops/seminars)you have completed that will help to qualify you:

Employment Experience: Start with your present or last job and go back five (5) years, listing former employers. You may include military service assignments and volunteer activities.

1. Employer:_____ Phone: ()_____

Address:_____

City State Zip Code

Job Title:_____ Supervisor:_____

Reason for leaving:_____

Rate of pay: starting:_____ final:_____ Employed from_____ to _____

Work performed:

2. Employer:_____ Phone: ()_____

Address:_____

City State Zip Code

Job Title:_____ Supervisor:_____

Reason for leaving:_____

Rate of pay: starting:_____ final:_____ Employed from_____ to _____

Work performed:

3. Employer:_____ Phone: ()_____

Address: _____

City State Zip Code

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Rate of pay: starting: _____ final: _____ Employed from _____ to _____

Work performed: _____

4. Employer: _____ Phone: () _____

Address: _____

City State Zip Code

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Rate of pay: starting: _____ final: _____ Employed from _____ to _____

Work performed: _____

5. Employer: _____ Phone: () _____

Address: _____

City State Zip Code

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Rate of pay: starting: _____ final: _____ Employed from _____ to _____

Work performed: _____

Professional References: **(Most recent supervisors or instructors required. Do not list friends or relatives.)**

1.Name: _____ Phone: () _____

Address: _____
Street City State Zip Code

2.Name: _____ Phone: () _____

Address: _____
Street City State Zip Code

3.Name: _____ Phone: () _____

Address: _____
Street City State Zip Code

I hereby authorize Counterpoint, Inc. to inquire as to my record with any or all of my former employers with no liability arising therefrom. I hereby certify that all information above is true and complete to the best of my knowledge. I am aware that falsification or misrepresentation of required information is grounds for dismissal or disqualification from employment with Counterpoint, Inc.

Signature

Date

COUNTERPOINT IS AN EQUAL OPPORTUNITY EMPLOYER

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