



WICKENS CONSTRUCTION INC.
P.O. Box 746, 804 H Street, Lewistown, MT 59457
(406) 535-8415 • wickens@midrivers.com

Employment Application
Wickens Construction is an Equal Employment Opportunity Employer

PERSONAL DATA

Name _____
Present Address _____ City _____ State _____ Zip _____
Phone () - _____ Message Phone () - _____ E-Mail Address: _____
Driver's License: Operator CDL If you have a CDL, what type? _____
Name of position you are applying for. _____
Montana law requires you to be 18 years of age for this position. Do you meet this requirement? Yes No
Are you a Veteran of Military Service? Yes No

EDUCATION

High School Diploma or GED? Yes No Post Secondary Degree? AA BA MA Ph.D.
Name of school beyond High School _____
Training Length _____ Date Completed _____
Major _____ Minor _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box _____ City _____ State _____ Zip Code _____
Job Title _____ Phone () - _____
Job Description (duties, skills, equipment used) _____

May we contact this employer? Yes No If 'No', please explain _____
Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box _____ City _____ State _____ Zip Code _____
Job Title _____ Phone () - _____
Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used)

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Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

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Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

ADDITIONAL INFORMATION

Licenses, Certificates, Equipment Operated, special skills, etc.

LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
_____	_____	() - _____

Name	Address	Phone Number
_____	_____	() - _____

Name	Address	Phone Number
_____	_____	() - _____

Signature: _____ **Date:** _____

Information that you provide on this application is subject to verification. If hired, I understand that false or misleading information in my application or interview may result in my release.