



APPLICATION FOR INTERNSHIP

It is NCAT's policy and organizational philosophy to ensure that all of our employment practices, including recruitment and hiring, are administered for all individuals without regard to race, sex, creed, color, national origin, age, religion, marital or veterans status, disability, sexual orientation, or political affiliation.

Instructions: Applications will be accepted for current position vacancies **only**. The application should be completed accurately and thoroughly. A hard copy of the completed application with original signature must be submitted. If you require accommodation to complete the application process due to a disability, please tell us what accommodation you require.

APPLICANT INFORMATION

Last Name: _____ **First Name:** _____ **MI:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: Home () _____ **Work:** () _____

Cell: () _____ **E-mail Address:** _____

WORK PREFERENCE

Internship for which you are applying: _____

Work Availability Dates: Start: _____ End: _____ No. Hours Per Week: _____

Referral Source: () Employment Office () Friend/Relative () Walk-In () Career Fair
 () Advertisement **Publication Name:** _____
 () Web Site **Website Name:** _____
 () Other **Describe:** _____

EDUCATION AND TRAINING

High School Name and Location: _____

Received Diploma or Equivalent G.E.D.: () Yes () No (If "no", highest grade completed: _____)

College or University Name and Location	Dates Attended	Graduate?	Degrees Received	Major and Minor Fields
		() Yes () No		
		() Yes () No		
		() Yes () No		

EMPLOYMENT HISTORY

Please provide your employment history beginning with your most recent or current job. Reference to “see resume” will not be accepted. **If you would like to be notified before we contact your present or most current employer, please check here.** ()

Employer Name and Address:	Telephone No: () Supervisor: Salary:
Job Title:	Dates Employed: No. of Hours Worked per Week:
Duties and Responsibilities:	Reason for Leaving:
Employer Name and Address:	Telephone No: () Supervisor: Salary:
Job Title:	Dates Employed: No. of Hours Worked per Week:
Duties and Responsibilities:	Reason for Leaving:
Employer Name and Address:	Telephone No: () Supervisor: Salary:
Job Title:	Dates Employed: No. of Hours Worked per Week:
Duties and Responsibilities:	Reason for Leaving:

LIST ANY MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATIONS OR CERTIFICATIONS THAT YOU POSSESS (which are relevant to the position for which you are applying).

DESCRIBE COMPUTER SKILLS THAT YOU POSSESS. Include specific kinds of software that you are proficient at and any related training that you have had.

DESCRIBE ANY OTHER SPECIAL KNOWLEDGE, SKILLS OR ABILITIES THAT YOU POSSESS (relevant to the position for which you applying).

PROFESSIONAL REFERENCES (List three references that have direct knowledge of your work-related skills and abilities.)

Name of Reference	Address	What is your working relationship with this individual?
Title	Telephone Number	Company/Organization
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Title:	Telephone Number	Company/Organization
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RELATED INFORMATION:

All persons hired by NCAT are required to provide proof of U. S. Citizenship or authorization to work in the United States and employment eligibility under the Immigration Reform and Control Act.

Are you legally eligible for employment in the United States? () Yes () No

Conviction of a crime is not an automatic disqualification for employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.

Have you ever been convicted, pled guilty, or no contest to or forfeited bond or bail for any crime other than traffic violations? If yes, please give details. Do not list any arrest, charge or detention that did not result in conviction. () Yes () No

Please read the following carefully and sign the application.

The answers to the questions contained in this application are true and complete to the best of my knowledge. I acknowledge that any misleading information, false statements or misrepresentations on this application may be cause for rejection of this application or dismissal from a job if I have been employed. I grant permission to **NCAT** to investigate by personal inquiry or otherwise information provided in this application (and accompanying resume and/or other documents if any) and release from liability or responsibility all persons, schools or companies responding to such inquiries. I understand and concur that this application for employment will be given consideration but does not create a contract of employment.

Applicant Signature: _____ **Date:** _____

NCAT's Mission Statement:

Helping people by championing small-scale, local and sustainable solutions to reduce poverty, promote healthy communities, and protect natural resources.

12/09

NCAT VOLUNTARY SELF-IDENTIFICATION

It is NCAT's policy and organizational philosophy to ensure that all of our employment practices, including recruitment and hiring, are administered for all individuals without regard to race, sex, creed, color, national origin, age, religion, marital or veterans status, disability, sexual orientation, or political affiliation. Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, gender, and type of position for which an individual applies. The information requested on this form is for compliance with certain record keeping requirements. This form will be maintained in a separate confidential file. Completion of this form is **voluntary** and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to or if applicable, after hire. Please return this form with your application or mail it to: NCAT Personnel Office, P. O. Box 3838, Butte, MT 59702.

Applicant Information:

Print Name: _____ Date _____

Please Check One: Male Female Position Applied For: _____

Race / Ethnicity:

Please check as applicable

- White, Non Hispanic** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** - A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or other Pacific Islander** - (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

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Veteran Status

Under the Vietnam Era Veterans' Readjustment Assistance Act of 1974, The Veterans Employment Opportunities Act (VEOA) of 1998 and the Rehabilitation Act of 1973, as amended

Regulations issued by the U.S. Department of Labor require that federal contractors provide an opportunity for self-identification. Such self-identification is submitted on a voluntary and confidential basis, for use only in accordance with regulations. Neither the submission of this information nor the refusal to submit this information will subject the individual to adverse treatment. Completion of this form is **voluntary** and will only be used for Affirmative Action reporting. You may identify yourself now or at any time in the future if you believe yourself to be covered.

Please check all that apply to you:

I do not want to identify my veteran status

Not a veteran

Disabled Veteran

Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. **Discharge Date (mm/dd/yyyy):** ____/____/____

Armed Forces Service Medal Veteran

Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.2 (For the current list of military operations for which an Armed Forces service medal was awarded. Visit <http://www.opm.gov/Veterans/html/vgmedal2.htm> for updates.)

Other Protected Veteran

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. (For the current list of campaigns and expeditions for which a campaign badge was authorized. Visit <http://www.opm.gov/Veterans/html/vgmedal2.htm> for updates.)

Employee Name

Date

Employee Signature

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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
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Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.