

HILL COUNTY PUBLIC SECTOR APPLICATION FOR EMPLOYMENT
"READ CAREFULLY—

Please make sure all required information is included (see job vacancy announcement).

____1. Did you sign and date your application?

____2. Have you read the job announcement to see what attachments must be submitted?

____3. Have you checked boxes in Section 3 to indicate what attachments you have included?

____4. Did you indicate the specific Position Title in Section 2?

____5. Did you include a complete address for each employer listed in Section 7?

____6. If you are claiming Veterans Employment Preference or Persons with Disabilities Employment Preference, have you completed the Employment Preference Form and Documentation?

____7. Did you attach all the application materials required by the vacancy announcement?

Please, return completed application to Hill County Clerk and Recorder's office.

HILL COUNTY
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

The information contained on this form is sought in good faith.
It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law.

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On each sheet write your name and job title for which you are applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date in ink each application you submit. LATE, INCOMPLETE or UNSIGNED applications will not be considered.

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted (supplement questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (C) the required special qualifications or licenses; and (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to reasonable accommodations. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed.

Employment Preference: The Veterans' Employment Preference Act and the Persons with Disabilities Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete page 6 of this application. The applicant must indicate at the bottom of page one of this application form that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service.

1. Name _____
Last First MI

Department _____

Address _____
Street
City State Zip

Position Title _____

Phone No. _____
Work Home

Job Location _____

2. What position are you applying for?

(Please see Job Vacancy Announcement.)

3. My signature below certifies that all information on this and all attached pages (checked below) are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with the County or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. In the spaces below, I have checked attachments, including those required in the job announcement.

Responses to Supplement Questions

Transcript

Typing/Ten-key Certification

Employment Preference Form/Documentation

Résumé

Additional Employment Experience

Other (please specify) _____

SIGNATURE: _____

DATE SIGNED: _____

Employment Application

4. EDUCATION: You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) if all relevant blocks are completed and the same format is followed.

High School Name and Address

Received Diploma or Equivalency Certificate? Yes No

If you chose "No" above, please enter the highest grade that you completed _____

College, University, Other Schools & Training Courses Name and Location	Dates Attended	Degree/Certificate Received?	Degree/Certificate Date	Major/Minor Field	Credits Earned- Indicate Quarter or Semester Credits

5. List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency: Name and Location	Type of License	Endorsement/Restriction (If Applicable)	Date Licensed

6. List other skills, education, experience and abilities below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

7. **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.** Include military service that would help you qualify. You may continue this section on a separate sheet of paper if all the same format is followed. Include your name and the job title for which you are applying on each sheet. *This information must be completed even if a resume is submitted.*

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

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

Name & Complete Address of Employer

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to _____ / _____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs. Per Week _____ Total Time Employed _____ Yrs/Mo _____ Full-Time Part-Time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments:

Reason for Leaving: _____

Name & Complete Address of Employer

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to _____ / _____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs. Per Week _____ Total Time Employed _____ Yrs/Mo _____ Full-Time Part-Time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments:

Reason for Leaving: _____
(EXPERIENCE - continued from item 7 . . .)

Name & Complete Address of Employer

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to _____ / _____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs. Per Week _____ Total Time Employed _____ Yrs/Mo _____ Full-Time Part-Time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments:

Reason for Leaving: _____

Name & Complete Address of Employer

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to _____ / _____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs. Per Week _____ Total Time Employed _____ Yrs/Mo _____ Full-Time Part-Time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments:

Reason for Leaving: _____

To qualify for Veterans' Employment Preference or Handicapped Person's Employment Preference complete the following:

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used.

To claim VETERANS' EMPLOYMENT PREFERENCE, you must be a U.S. citizen and (check one of the boxes below):

A Veteran, if

1. You have been separated under honorable conditions.

AND

2. You have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves).

A Disabled Veteran, if

1. You have been separated under honorable conditions from active duty,

AND

2. You have an established Armed Forces, service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The un-remarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. THE VETERAN lost his or her life under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent and total disability,

AND

2. YOUR HUSBAND is totally and permanently disabled, OR YOU are the un-remarried widow of the father of the veteran.

2. To claim Handicapped Persons' Employment Preference you must be (check one of the boxes below):

A handicapped person certified by SRS, or

The spouse of a totally (100%) disabled person certified by SRS.

If you checked one of the above boxes for Handicapped Persons' Employment Preference Act:

Are you a Montana resident? YES NO

If "YES", give date residency established: _____

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires employers to make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed. This is also a requirement of the Montana Human Rights Act. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices of the employer.

Name _____

Social Security Number ____ / ____ / ____

Job applied for: **Job title** _____

Location _____

How did you first learn of this position?

- | | |
|---|---|
| <input type="checkbox"/> Newspaper ad or Journal ad | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> A friend | <input type="checkbox"/> Job Service |
| <input type="checkbox"/> Female, minority or disabled referral organization | <input type="checkbox"/> Other |

Are You?

MALE FEMALE DATE OF BIRTH (month/day/year) ____ / ____ / ____

RACE/ETHNICITY

PLEASE CHECK THE ONE BOX THAT BEST DESCRIBES YOUR RACE / ETHNICITY:

- WHITE (not of Hispanic origin)**
A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK (not of Hispanic origin)**
A person having origins in one of the black racial groups of Africa.
- MULTI-RACIAL**
A person having origins in two or more racial groups.
- SPANISH (Hispanic)**
A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of race.
- ASIAN or PACIFIC ISLANDER**
A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE**
A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.