Hill County PUBLIC SECTOR APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer–
M/F/Vets/Disability

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 or federal law.

INSTRUCTIONS: Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage. Section 13 page 5 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND:

a. **What attachments (transcript, resume, DD-214, etc.) must be submitted in order for your application to be considered.**
b. **Where to submit your application.**
c. **The closing date for receipt of your application.**
d. **The required special qualifications or licenses.**

INCOMPLETE OR UNSIGNED **applications will not be considered.**

1. Name: _____
2. Address:_____
City _____State ____Zip Code _____
Phone No.: _____ _____
(Home) (Cell)
3. Email_____

5. This section must be completed for each position you apply for.

Job Title:_____
Job Location:_____
Date You are Available to Start Work: _____

6. **If required for this position:**

a. **Do you have a valid driver's license? ☐ YES ☐ NO**
Commercial Type?_____Endorsements? _____

b. **Are you willing to travel overnight? ☐ YES ☐ NO**

Will you accept:

- ☐ **Full-Time**
- ☐ **Permanent**
- ☐ **Day Shift**
- ☐ **Temporary**
- ☐ **Part-Time (less than 40/hrs per week)**
- ☐ **Other than day shift**
- ☐ **Rotating Shifts**
- ☐ **On-Call**
- ☐ **Seasonal**

This employer is committed to make reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the application and interview process. If you would like us to consider any such accommodation, please, on a separate sheet of paper, attach a description of the desired accommodation.

This public employer complies with the Veteran's and Handicapped Person's Employment Preference Act which provides preference in public employment for certain military veterans and handicapped persons or their eligible spouses. Contact your local Vocational Rehabilitation Services Office (Dept. of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. For more information, contact your local Job Service Office. IF YOU ARE CLAIMING THIS EMPLOYMENT PREFERENCE, YOU MUST COMPLETE SECTION 6 OF THIS APPLICATION.

I certify that all information on this is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment, or, if hired, may be grounds for termination at a later date.

SIGNATURE: _____ DATE: _____

7. EDUCATION

a. High School Received:
Diploma or Equivalent Cert.
None-If "None", enter the highest grade completed:_____

b. Name/Address of High School Awarding Diploma:
_____
_____

c.

College-University Location	Dates Attended	Credit Hrs Earned Qtrs/Sms	Degree/S Received	Date of Degree	Major Field	Minor Field

d.

Other School or Training Courses which Help you Qualify- NAME & LOCATION	Dates Attended	Did You Complete Y/N	Title/ Description of Course	Total Hours

8. LIST PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (CPA, etc.)

a. Name and Complete Address of Licensing Agency	b. Type of License	c. Endorsement/ Restriction (if applicable)	d. Date Licensed

9. If applying for skilled craft jobs, are you a recognized Journey Level Worker? ☐ **YES** ☐ **NO**
If "yes", what craft or trade? _____When received? _____

10. SPECIAL SKILLS—Check the skills you possess. Specify speed/errors where requested.

☐ **TYPING_____ /_____**
☐ **SHORTHAND_____/_____**
☐ **COMPUTER LANGUAGES (specify)**
☐ **DATE ENTRY_____/_____**
☐ **TEN-KEY BY TOUCH_____/_____**
☐ **MEDICAL TERMINOLOGY**
☐ **LEGAL TERMINOLOGY**
☐ **OTHER**

11. EQUIPMENT-List types of equipment you can operate and specify name of model you have used (e.g. word processor, computer, etc.).

_____
_____
_____

12. EXPERIENCE:

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the Position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not an adequate amount of space, you may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. 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 of Employer: _____

Employer's Complete Address:_____

Type of Business: _____**Name & Phone Number of Immediate Supervisor:** _____

Dates Employed ___/____to ___/____ **Full Time** ☐ **Part Time** ☐ **Volunteer** ☐

Average Hours per week: _____ **Total Time Employed:**____/_____ **Yrs/Mo**

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments, etc.)

_____

_____

_____

Reason for Leaving: _____

_____

Name of Employer: _____

Employer's Complete Address:_____

Type of Business: _____**Name & Phone Number of Immediate Supervisor:** _____

Dates Employed ___/____to ___/____ **Full Time** ☐ **Part Time** ☐ **Volunteer** ☐

Average Hours per week: _____ **Total Time Employed:**____/_____ **Yrs/Mo**

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Employer's Complete Address:_____

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Dates Employed ___/____to ___/____ **Full Time** ☐ **Part Time** ☐ **Volunteer** ☐

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Employer's Complete Address:_____

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Dates Employed ___/____to ___/____ **Full Time** ☐ **Part Time** ☐ **Volunteer** ☐

Average Hours per week: _____ **Total Time Employed:**____/_____ **Yrs/Mo**

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments, etc.)

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_____

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Name of Employer: _____

Employer's Complete Address:_____

Type of Business: _____**Name & Phone Number of Immediate Supervisor:** _____

Dates Employed ___/____to ___/____ **Full Time** ☐ **Part Time** ☐ **Volunteer** ☐

Average Hours per week: _____ **Total Time Employed:**____/_____ **Yrs/Mo**

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments, etc.)

_____

_____

_____

Reason for Leaving: _____

Name of Employer: _____

Employer's Complete Address:_____

Type of Business: _____**Name & Phone Number of Immediate Supervisor:** _____

Dates Employed ___/____to ___/____ **Full Time** ☐ **Part Time** ☐ **Volunteer** ☐

Average Hours per week: _____ **Total Time Employed:**____/_____ **Yrs/Mo**

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments, etc.)

_____

_____

_____

Reason for Leaving: _____

13. CONTINUATION EXPLANATIONS (refer to item # being continued or explained) **Item #____**

Voluntary Self-Identification of Disability

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.[i] 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_____ Date_____

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.

EEO Invitation to Self-Identify

Please read ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice: It is unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

Hill County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to voluntarily self-identify their race, ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to an adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that required the information to be summarized and reported to the federal government for civil rights enforcement.

PLEASE ANSWER THE FOLLOWING QUESTION

The Civil Rights Act of 1964 (Title 42, United States Code, Section 2000e et. Esq.) and related laws and regulations require employers to monitor their equal employment opportunity compliance on a continuing basis. To aid in this review process, you are requested to identify your group status and gender on this form. The information you furnish will be maintained for the purposes of monitoring compliance with applicable laws and regulations concerning equal employment opportunity.

What is your race/ethnicity? You may mark **only one** box.

☐ **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **White** (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American** (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **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.

☐ **American Indian or Alaskan 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 maintains tribal affiliation or community attachment.

☐ **Two or More Races** (Not Hispanic or Latino): all persons who identify with more than one of the above races.

PLEASE ANSWER THE FOLLOWING QUESTION

GENDER ☐ Male ☐ Female

Printed Name: _____ Job Title:_____

EMPLOYMENT PREFERENCE FORM

Name: _____

Position Applied for:

Job Title: _____ Department Name_____

The Montana Veterans' Public Employment Preference Act and Persons with Disabilities Public Employment Preference Act allow eligible applicants to request a hiring preference when applying for a state government position. Applying for a preference is **voluntary**, and all information related to a preference will be **kept confidential**. State agencies will only use this information during the hiring process and will maintain the information in a separate confidential file. Applicants who wish to claim an employment preference must complete and return this form along with their completed employment application. Applicants requesting preference must provide the appropriate documentation along with their application to verify eligibility.

Contact the local Job Service Workforce Center for details on veterans' preference or the local Montana Vocational Rehabilitation Services Offices for details on obtaining a disability preference certification.

To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

☐ **A Veteran**, if

1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of ware or in a campaign or expedition for which a campaign badge is authorized.
2. you are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

☐ **A Disabled Veteran**, if

1. you were separated under honorable conditions from military 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 or her from working.

☐ **The unremarried surviving spouse of a veteran or disabled veteran.**

☐ **The mother of a veteran,** if

1. the veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
2. your spouse is total and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

☐ **A person with a disability** certified by DPHHS, **OR**

☐ **The spouse** of a total (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

In the box below, check the attachment you have included to document your eligibility for employment preference.

☐ DD-214 showing the character of discharge

☐ Service-connected disability letter

☐ DPHHS Disability Certification

☐ A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

SIGNATURE: _____ DATE: _____