

Meagher 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 print in ink. You may respond to any of the questions in more detail on a separate sheet of paper if all relevant sections are completed and the same format is followed. On **each** sheet write our name and the job title for which you are applying. 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; (b) where to submit your application; (c) the closing date for receipt of applications. An application tailored to the position is to our 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 an Employment Preference Form, available through your local Montana Job Service. The applicant must indicate at the bottom of page one of this application form that the necessary documentation is attached.

1. **Name:** _____
Last First MI

2. **What position are you applying for?** _____
(See Job Vacancy Announcement)

Social Security #: _____

Department: _____

Address: _____

Position Title: _____

Phone #: _____
Home Number Work Number

3. **Have you ever been convicted of a felony?** Yes No

4. 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.

Employment Preference Form/Documentation Resume Additional Employment Experience
 Other (Specify): _____

Signature: _____ **Date:** _____

5. **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 relevant blocks are completed and the same format is followed.

High School Name & Address: _____

Received Diploma or Equivalency Certificate: Yes No

If "No" enter highest grade completed: _____

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

6. List Current Professional Licenses, Registration, or Certifications (accounting, CPA, engineering, etc.)

Licensing Agency: Name & Location	Type of License	Endorsement/Restriction If Applicable	Date Licensed

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

8. **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 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 _____ Phone Number: _____

Immediate Supervisor: _____ Average Hours Per Week: _____

Full Time Part Time Per Diem Seasonal Volunteer

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

Reason for Leaving: _____

Experience Continued:

Name & Complete Address of Employer:

Your Job Title: _____ Type of Business: _____

Dates Employed _____ to _____ Phone Number: _____

Immediate Supervisor: _____ Average Hours Per Week: _____

- Full Time Part Time Per Diem Seasonal Volunteer

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

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Experience Continued:

Name & Complete Address of Employer:

Your Job Title: _____ Type of Business: _____

Dates Employed _____ to _____ Phone Number: _____

Immediate Supervisor: _____ Average Hours Per Week: _____

Full Time Part Time Per Diem Seasonal Volunteer

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

Reason for Leaving: _____

9. References: List complete name, address, and phone number of three persons not related to you, whom you have known for at least one year.

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

READ CAREFULLY

Do Not Write On This Page

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

1. Did you sign and date application?
2. Have you read the job announcement to see where to submit our application and the closing date for submissions?
3. Have you checked the appropriate items in Section 4 to indicate what attachments you have included?
4. Did you indicate the specific Position Title and Department in Section 2?
5. Did you include complete address and phone number for each employer listed in Section 8?
6. If you are claiming Veterans Employment preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation?
7. Did you include complete address and phone number for each reference listed in Section 9?

EMPLOYMENT PREFERENCE FORM

Name

Social Security Number

Position Applied For

Job Title

Position No.

Department Name

To claim preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to apply employment preference. Applicants hired by the state will have this information placed in a separate confidential selection file. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

1. 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** have 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 war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or have been a member of the Montana Army or Air National Guard who has 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 have been 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/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 totally and permanently disabled, **OR** YOU are the unremarried widow of the father of the veteran.

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

A person with a disability certified by PHHS, **OR**

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

3. **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

PHHS Disability Certification

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

SIGNATURE (typed or written):

DATE SIGNED:

******READ CAREFULLY ******

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