

Application for Employment

City of Conrad
413 S Main St
Conrad, MT 59425

It is the policy of the City of Conrad to consider applicants for all positions without regard to race, color, religious beliefs, creed, sex, national origin, age, marital or veteran status, political beliefs, genetic information, the presence of non-job-related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the City of Conrad. **Please fill application out completely.**

POSITION APPLIED FOR _____ DEPARTMENT _____

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ HOME PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

Have you ever been convicted of a felony? Yes No

If yes, describe

Do you claim Veteran's preference? Yes (see note below*) No

*If yes, you **must provide** a copy of legal documentation (**DD-214**) with this application.

Have you worked for the City of Conrad before? Yes No

If yes, please give dates _____ to _____

Position/Department _____

Reason for Leaving _____

Do you have a relative working for the City of Conrad? Yes No

If yes, who is the employee _____ Relation _____

Department employee works in _____

Highest grade completed _____

If you did not complete high school, do you have a high school equivalency diploma? Yes No

High School _____

City _____ State _____

College/University _____

City _____ State _____

Vocational/Business _____

City _____ State _____

WORK RELATED REFERENCES

Name _____ Work Relation _____

Company _____ Phone # _____

Name _____ Work Relation _____

Company _____ Phone # _____

Name _____ Work Relation _____

Company _____ Phone # _____

EMPLOYMENT HISTORY

Title _____ Dates Employed: From _____ To _____

Company _____ Supervisor _____

Address _____ Supervisor Phone # _____

City _____ State _____ Salary Start _____ Current/End _____

Describe work performed

Reason for leaving _____

Title _____ Dates Employed: From _____ To _____

Company _____ Supervisor _____

Address _____ Supervisor Phone # _____

City _____ State _____ Salary Start _____ Current/End _____

Describe work performed

Reason for leaving _____

Title _____ Dates Employed: From _____ To _____

Company _____ Supervisor _____

Address _____ Supervisor Phone # _____

City _____ State _____ Salary Start _____ Current/End _____

Describe work performed

Reason for leaving _____

Additional work experience may be listed on a separate page or resume.

List all licenses and/or certifications currently held

Military Service Information

Branch of Service _____

Active Service Dates: From _____ To _____

Describe your duties and/or special training

ACKNOWLEDGEMENT

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application whether on this document or not, is true and complete. I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that I will be required to sign an authorization to release information if I am considered for employment.

I understand that, if employed by the City of Conrad, I will be required to provide proof of my identity and the legal right to work in the United States within 3 business days of the date employment begins, to verify my employability in compliance with Federal Law.

If offered employment with the City of Conrad, I understand that I must comply with all the City of Conrad's policies, rules, and procedures.

Signature* _____ Date _____

***If application is submitted via email, applicant will be required to sign this page if given the opportunity to participate in an interview.**

EMPLOYMENT PREFERENCE FORM

Name _____

Position Applied For _____
Job Title Position No Department

Employment preference allows applicants to claim a preference under the Veteran's Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a US 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 war 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 US 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 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 DPHHS, **OR**

The spouse of a totally (100%) disabled person certified by DPHHS **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
 DPHHS Disability Certification

- Service-connected disability letter
 A document issued by the Office of the Adjutant General of the Montana National Guard certifying service.

SIGNATURE (typed or written): _____ **DATE SIGNED** _____

VOLUNTARY EQUAL OPPORTUNITY REPORTING INFORMATION

The information you provide on this form is collected in compliance with State and Federal law to determine if the City's hiring practices are discriminating against any group. The information will be separated from the application and will not be used in making any hiring decisions. Thank you for your cooperation.

PLEASE CHECK ONE OF THE DESCRIPTIONS BELOW CORRESPONDING TO THE ETHNIC GROUP WITH WHICH YOU MOSTLY IDENTIFY:

- White**-a person having origins in any of the original peoples of Europe, North America, or the Middle East.
- Black**-a person having origins in any of the Black racial groups of Africa.
- Hispanic**-a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, 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 including the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines, or Samoa.
- American Indian or Alaskan Native**-a person having origins in any of the original peoples of North America, South America, and Central America who maintain tribal affiliation or community attachment.

SEX: MALE FEMALE

AGE AS OF LAST BIRTHDAY _____

WHERE DID YOU LEARN OF THIS POSITION?

- City of Conrad web page or other online source not listed below
- Newspaper (online or paper)
- Word of Mouth
- Local Job Service (online or in person)
- Other (Please identify) _____