

APPLICATION FOR EMPLOYMENT

CITY OF CONRAD

413 S Main
Conrad, MT 59425
(406) 271-3623

Use tab key to move through fields

Notice To Applicants

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

Present Mailing 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 and department: Position: _____

Department: _____ From: _____ to _____

Reason for leaving: _____

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

If yes, what is their name? _____ What relation? _____

What Department do they work in? _____

EDUCATION:

Check highest grade completed 7 8 9 10 11 12

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 _____

Degree/Cert Earned: _____

Course of Study: _____

Vocational/Business: _____
City _____ State _____

Degree/Cert Earned: _____

Course of Study: _____

Work Related References:

Name: _____

Company Name: _____

Work Relation: _____

Phone #: _____

Name: _____

Company Name: _____

Work Relation: _____

Phone #: _____

Name: _____ Work Relation: _____
Company Name: _____ Phone #: _____

SPECIAL SKILLS: Please describe your skills with hand and power tools, office machines, calculators, copying machines, work processors, computers, computer software, typing and shorthand speed, and proficiency, special secretarial skills, or skills required for the position applied for (*attach separate page if needing more room*).

EMPLOYMENT HISTORY

Title: _____ Dates employed: From: _____ to _____
Company Name: _____ Supervisor Name: _____
Address: _____ Supervisor Phone #: _____
City: _____ State: _____ Salary: Start _____ Current/End _____

Describe work performed:

Reason for Leaving: _____

Title: _____ Dates employed: From: _____ to _____
Company Name: _____ Supervisor Name: _____
Address: _____ Supervisor Phone #: _____
City: _____ State: _____ Salary: Start _____ Current/End _____

Describe work performed:

Reason for Leaving: _____

Title: _____ Dates employed: From: _____ to _____
Company Name: _____ Supervisor Name: _____
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: 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 of the City's policies, rules and procedures.

SIGNATURE OF APPLICANT* **DATE**

*If application is submitted via e-mail, 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 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 position with a public employer. Applying for a preference is **voluntary**, and all information related to a preference will be **kept confidential**. Public Employers 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 Office for details on obtaining a disability 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 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 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 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) _____