



APPLICATION FOR EMPLOYMENT

I'M APPLYING FOR THE POSITION OF: _____

IN: _____ DEPARTMENT _____

HOW DID YOU FIRST LEARN OF THIS POSITION?

- | | | |
|--|--|--|
| <input type="checkbox"/> A Friend/Employee | <input type="checkbox"/> County Website | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Another Referral Organization Posting | <input type="checkbox"/> Internet Listing | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Career/Job Fair | <input type="checkbox"/> Job Service Posting | <input type="checkbox"/> Posted in County Building |

INSTRUCTIONS: THIS APPLICATION MUST BE COMPLETED EVEN IF A RESUMÉ IS SUBMITTED.

You must complete an application for each position. If a question does not apply to you, write "NA".
Applicants may submit a request in writing for any accommodation needed to participate in the application and selection process and to perform the essential duties of the position. Missoula County will consider any reasonable accommodation.

NAME _____
Last First MI

MAILING ADDRESS: _____
Street City State Zip

PHONE: HOME _____ MESSAGE _____ EMAIL ADDRESS _____

Have you ever worked for Missoula County before: YES NO

If YES: Name used _____ Dept.: _____ Dates: _____

LIST ALL RELEVANT SKILLS

- If required for this position, do you have a valid driver's license? YES NO CDL? YES NO
- Skills with office machines (typewriter, 10-key, etc.): _____
- Skills with data entry equipment, personal computer (list programs): _____
- Skills with other tools/equipment: _____
- List other licenses, certificates and special training related to the position that you are seeking (CPA, LPN, RN, etc.): _____

EDUCATION: If required, are relevant transcripts attached? Yes No Requested

School Name and Location	High School				College of Technology/Other					Undergraduate College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	5	1	2	3	4	1	2	3	4
Years Completed																	
Diploma/Degree																	
Describe Course of Study and/or Relevant Course-work Related to the Position																	

EXPERIENCE

Begin with your present or most recent job and list all of your work experience. Details should emphasize 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 you need additional space, please continue on a separate sheet of paper using the format below. THIS INFORMATION MUST BE COMPLETED EVEN IF A RESUMÉ IS SUBMITTED.**

Employer		Complete Mailing Address	Phone
Your Job Title		Work Performed	
Supervisor			
Dates Employed From	To	Reason for Leaving	
Employer		Complete Mailing Address	Phone
Your Job Title		Work Performed	
Supervisor			
Dates Employed From	To	Reason for Leaving	
Employer		Complete Mailing Address	Phone
Your Job Title		Work Performed	
Supervisor			
Dates Employed From	To	Reason for Leaving	
Employer		Complete Mailing Address	Phone
Your Job Title		Work Performed	
Supervisor			
Dates Employed From	To	Reason for Leaving	

I certify that all information on this form and attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications, misrepresentations or omissions. I am aware that falsifications, misrepresentations or omissions may disqualify me from consideration for employment with Missoula County, or, if hired, may be grounds for termination at a later date. **I am aware that employers may be contacted as references.**

LATE, INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Signature

Date



MISSOULA COUNTY
EMPLOYMENT PREFERENCE FORM

To claim preference as a qualified Veteran or Person With Disabilities, in accordance with Montana law you must complete this form and return it with **qualifying documents** and your application by the **posted closing date**. One form must be completed for each position for which you wish to be considered. **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. Contact the Missoula County Human Resources Office 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.

NAME: _____ POSITION APPLYING FOR: _____
PLEASE PRINT

I AM NOT CLAIMING PREFERENCE

Signature _____ Date _____

OR

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** you 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 the 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 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 unremarried 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 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. NOTE: **IF YOU CLAIM PREFERENCE, DOCUMENTATION MUST BE ATTACHED.** Please check which attachments you have included:

- 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

I HEREBY CERTIFY that information provided above is true and complete to the best of my knowledge. I am aware that falsification or misrepresentation is grounds for dismissal or disqualification from employment.

SIGNATURE _____ DATE _____