



APPLICATION FOR EMPLOYMENT

CITY OF DILLON

125 N. Idaho Street Dillon, MT 59725

(406) 683-4245

MAYOR JOHN MCGINLEY

AN EQUAL OPPORTUNITY EMPLOYER

<p>1. Name:</p> <p>_____ Last _____ First _____ Middle</p> <p>2. Address:</p> <p>_____</p> <p>_____ City _____ State _____ Zip</p> <p>3. Contact Info:</p> <p>_____ Home Phone _____ Cell Phone</p> <p>_____ Email Address</p>	<p>4. This section must be completed for each position you apply for:</p> <p>Job Title: _____</p> <p>Department: _____</p> <p>Date You Are Available to Start:</p> <p>_____</p> <p>Will you accept:</p> <ul style="list-style-type: none">• Full Time• Part Time• On Call• Temporary• Seasonal• Rotating Shift
<p>5. If required for this position:</p> <p>a. Do you have a valid driver's license? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b. Do you have a commercial license? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, please specify: _____</p> <p>c. Are you willing to travel overnight? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>6. The City of Dillon 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 attach a description of the desired accommodation on a separate sheet of paper.</p>	
<p>7. The City of Dillon 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 (Department 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 17 AND/OR 18 OF THIS APPLICATION</p>	

8. EDUCATION

HIGH SCHOOL

Name of School

Address

City State Zip

Received:

- Diploma
- GED
- None – If none, enter the highest grade completed: _____

COLLEGE/UNIVERSITY

Name of School

Address

City State Zip

Degree/Certificate: _____

Major: _____

Minor: _____

COLLEGE/UNIVERSITY

Name of School

Address

City State Zip

Degree/Certificate: _____

Major: _____

Minor: _____

9. SKILLS AND QUALIFICATIONS

Summarize any special training, skills, registrations, licenses, and/or certificates that may assist you in performing the position for which you are applying:

10. COMPUTER SOFTWARE (Check the ones you have experience with)

- Microsoft Office (including: Word ___ Excel ___ PowerPoint ___ Publisher ___ Outlook ___)
- CAD Software
- GIS System
- Other: _____

11. EQUIPMENT (Check the ones you have experience with)

- Office Equipment (including: Copier/Scanner ___ Multi-Line Telephone Systems ___)
- Machinery (including: Tractor/Skid Steer ___ Loader/Grader ___ Forklift ___ Lawn Mower/Trimmer ___)
- Other: _____

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 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 verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer:

- Yes
 No

Employer: _____
Business Name

Address

City State Zip

Telephone

Dates of Employment: _____ to _____

Job Title: _____

Type of Business: _____
 Full Time Volunteer
 Part Time Avg hours per week: _____

Describe your duties (knowledge, skills and abilities required, employees supervised, accomplishments, etc):

Reason for leaving: _____

Employer: _____
Business Name

Address

City State Zip

Telephone

Dates of Employment: _____ to _____

Job Title: _____

Type of Business: _____
 Full Time Volunteer
 Part Time Avg hours per week: _____

Describe your duties (knowledge, skills and abilities required, employees supervised, accomplishments, etc):

Reason for leaving: _____

Employer: _____
Business Name

Address

City State Zip

Telephone

Dates of Employment: _____ to _____

Job Title: _____

Type of Business: _____
 Full Time Volunteer
 Part Time Avg hours per week: _____

Describe your duties (knowledge, skills and abilities required, employees supervised, accomplishments, etc):

Reason for leaving: _____

ADDITIONAL EXPERIENCE

Employer: _____
Business Name

Address

City State Zip

Telephone

Dates of Employment: _____ to _____
Job Title: _____
Type of Business: _____
 Full Time Volunteer
 Part Time Avg hours per week: _____

Describe your duties (knowledge, skills and abilities required, employees supervised, accomplishments, etc):

Reason for leaving: _____

Employer: _____
Business Name

Address

City State Zip

Telephone

Dates of Employment: _____ to _____
Job Title: _____
Type of Business: _____
 Full Time Volunteer
 Part Time Avg hours per week: _____

Describe your duties (knowledge, skills and abilities required, employees supervised, accomplishments, etc):

Reason for leaving: _____

Employer: _____
Business Name

Address

City State Zip

Telephone

Dates of Employment: _____ to _____
Job Title: _____
Type of Business: _____
 Full Time Volunteer
 Part Time Avg hours per week: _____

Describe your duties (knowledge, skills and abilities required, employees supervised, accomplishments, etc):

Reason for leaving: _____

13. CONTINUATION/EXPLANATION (refer to the item number being continued or explained):

14. I hereby 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.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Attached to this application:

- Additional Employment Experience Form
- Resume
- Transcript
- DD-214 (for Veterans)

SIGNATURE: _____ **DATE SIGNED:** _____

To claim Veteran's or Persons with Disabilities Employment Preference, in accordance with Montana Law you must complete this form and return it with your application by the posted closing date. One for 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 Department of Veterans Affairs for details on veteran's 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.

Name: _____ Position Applying For: _____

I AM CLAIMING PREFERENCE

Signature: _____ Date: _____

15. 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 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 benefits or pension from the U.S. Department of Veterans 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 un-remarried surviving spouse** of a veteran or disabled veteran.
- The mother of a veteran, if**
 1. THE VETERAN lost his/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 un-remarried widow of the father of the veteran.

16. 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 continually in Montana for at least 1 year immediately before applying for employment.

17. 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
- DPHHS Disability Certification
- A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

I HEREBY CERTIFY that the 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 SIGNED: _____

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires employers to “make and keep records relevant to the determination of whether unlawful employment practices have been or are being committed.” This is also a requirement of the Montana Human Rights Act. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential and used only for statistical reports and other lawful uses. The survey information will be kept confidential and used only for statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices of the employer.

Name: _____ Date of birth: _____

Title of job being applied for: _____ Male Female

Job location: _____

How did you first learn about this position?

- Newspaper Ad
- A Friend
- Job Service
- Internet
- Community Organization
- Female, Minority or Disabled Referral Organization

RACE/ETHNICITY

Please check the one box that best describes your race/ethnicity:

- White
- Hispanic or Latino
- Black or African-American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native

VETERAN or HANDICAPPED STATUS

1. Handicapped:

- Hearing Impairment
- Visual Impairment
- Mobility Impairment
- Mental Impairment
- Multiple Impairments
- Other: _____

2. Check the box that best describes your **Veteran Status**:

- Disabled Vietnam Era Veteran
- Vietnam Era Veteran
- Persian Gulf War Veteran
- Disabled Veteran of other Campaign/War Era
- Veteran of other Campaign/War Era
- Other Disabled Veteran
- Other Veteran: _____

3. Check the one box that best describes your status as a **Preference Eligible Relative**:

- Spouse of a disabled veteran if the veteran's disability prevents them from working.
- Un-remarried surviving spouse of a veteran or disabled veteran.
- Mother of a veteran.

Do you have certification from the Department of Social and Rehabilitation Services for Handicapped Persons' Employment Preference? Yes No