

Date: \_\_\_ / \_\_\_ / \_\_\_

# Fergus County, Montana

712 West Main Street  
Lewistown MT 59457

## Application for Employment

An Equal Opportunity Employer

### PERSONAL INFORMATION

Full Name:		Social Security #:    -   -	
Street Address:			Phone:    -   -
City:		State:	Zip:
Alternate Phone Number (message phone):			

### POSITION APPLYING FOR

JOB TITLE:	DEPARTMENT:
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### EDUCATIONAL BACKGROUND

Type of School	School Name and Address	Last Year Completed	Did you Graduate	Major Course of Study and Degree Granted
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes	
		<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No	
College or Technical School		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes	
		<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No	
Post Graduate Courses		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes	
		<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No	

RELATED CAREER EDUCATION (Additional Courses, Trade Schools, Seminars, etc.)

Briefly describe courses, length of program, and when completed:

**PREVIOUS EMPLOYMENT (List Most Recent Position First)**

Name of Employer:			Phone: - -	
Address:		City:	State:	Zip:
Date Hired: /	Date Terminated: /	Final Salary: \$	<input type="checkbox"/> hourly <input type="checkbox"/> monthly	<input type="checkbox"/> bi-monthly <input type="checkbox"/> yearly
Position Title:				
Description of Duties:				
Reason for Leaving:				
Name of Employer:			Phone: - -	
Address:		City:	State:	Zip:
Date Hired: /	Date Terminated: /	Final Salary: \$	<input type="checkbox"/> hourly <input type="checkbox"/> monthly	<input type="checkbox"/> bi-monthly <input type="checkbox"/> yearly
Position Title:				
Description of Duties:				
Reason for Leaving:				
Name of Employer:			Phone: - -	
Address:		City:	State:	Zip:
Date Hired: /	Date Terminated: /	Final Salary: \$	<input type="checkbox"/> hourly <input type="checkbox"/> monthly	<input type="checkbox"/> bi-monthly <input type="checkbox"/> yearly
Position Title:				
Description of Duties:				

Reason for Leaving:

### PLACEMENT INFORMATION

Type of Position Desired:

Salary expected to start: \$ \_\_\_\_\_ per  hour  month  year

Earliest Date Available:     /     /     Status Desired:  Full Time  Part Time  Either

Related Technical Skills (list only skills or licenses pertinent to position applying for):

### EMPLOYMENT REFERENCES

List three (3) previous supervisors or co-workers whom we can immediately contact:

Name: \_\_\_\_\_ Phone:     -     -

Former Relationship to You:

Current Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:     -     -

Former Relationship to You:

Current Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:     -     -

Former Relationship to You:

Current Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### GENERAL INFORMATION

Please describe the skills and aptitudes that you feel qualify you for a position with us. (You may wish to include activities and position held in civic, community and school organizations, professional societies, special training and skills.) Organizations that would reveal race, ethnic or any other protected status need not be listed.

Have you been convicted of any felonies other than minor traffic violations during the past seven years?   
Yes  No  (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)  
If yes, please explain; include date, place, and nature of crime.

### PLEASE READ CAREFULLY

The information provided on this application is accurate to the best of my knowledge and subject to verification. I understand that proof of U.S. permanent residency or authorization to work in the U.S. will be required upon employment. I also understand that if I do not, I may be refused employment or separated if I am a current employee.

If employment results from this application, I understand that additional personal data will be required to determine if I am eligible for benefits and for statistical/government reporting purposes.

I understand and acknowledge that prior to and/or during employment, I may be required to submit to medical testing for alcohol and/or illicit and/or controlled substances when commercial drivers license is required for my position and I hereby consent to such testing.

I authorize all previous employers and listed reference to furnish whatever information they may have regarding my employment and my reason for leaving.

I understand that a background investigation may be conducted.

I understand that if I am not bondable by a surety company, I may not be offered employment.

Date:   /  /  

Signature: \_\_\_\_\_

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APPLICANT – DO NOT WRITE BELOW THIS LINE.

**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am an applicant for a position with the Fergus County. I am required to furnish information which this agency may use in determining my moral, physical, mental and financial qualifications. In this connection, I hereby expressly authorize you to release any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking employment, and any organization, company, institution or person furnishing information to that agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Full Name \_\_\_\_\_

Present Address \_\_\_\_\_

Street

City

St

Zip

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

Employment preference allows applicants to claim a preference under the Veterans' 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 county 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 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

Service-connected disability letter

DPHHS 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:**