

MADISON COUNTY

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law.

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On **each** sheet write your name and job title for which you are applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date in ink each application you submit. **LATE, INCOMPLETE or UNSIGNED applications will not be considered.**

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted (supplement questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed.

Employment Preference: The Veterans' Employment Preference Act and the **Persons with Disabilities Employment Preference Act** provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an Employment Preference Form, available through your local Montana Job Service. The applicant must indicate at the bottom of page one of this application form that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service.

1. Name _____
Last First MI.

2. For what position are you applying? (See job vacancy announcement)

Address _____
Street

Department _____

City State Zip Code

Position Title _____

Phone No. _____
Work Home

Job Location _____

Have you ever applied with Madison County before? YES NO

3. My signature below certifies that all information on this and all attached pages (checked below) are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with the County or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. In the spaces below, I have checked attachments, including those required in the job announcement.

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Responses to Supplement Questions | <input type="checkbox"/> Transcript | <input type="checkbox"/> Typing/Ten-key Certification |
| <input type="checkbox"/> Employment Preference Form/Documentation | <input type="checkbox"/> Résumé | <input type="checkbox"/> Additional Employment Experience |
| <input type="checkbox"/> Other (specify) _____ | | |

SIGNATURE: _____ DATE SIGNED: _____

4. EDUCATION: You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) if all relevant blocks are completed and the same format is followed.

High School Name and Address: _____

Received Diploma or Equivalency Certificate? Yes No If "No," enter highest grade completed _____

College, University, Other Schools & Training Courses Name and Location	Dates Attended	Degree/Certificate Received?	Degree/Certificate Date	Major/Minor Field	Credits Earned- Indicate Quarter or Semester Credits

5. PROFESSIONAL LICENSES, REGISTRATIONS, OR CERTIFICATIONS (engineering, medical, CPA, etc.)

Licensing Agency: Name and Location	Type of License	Endorsement/Restriction If applicable	Date Licensed

6. SKILLS: List other skills, education, experience and abilities below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

7. EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. **Begin with your present or most recent experience.** Include military service that would help you qualify. You may continue this section on a separate sheet of paper if all the same format is followed. Include your name and the job title for which you are applying on each sheet.

This information must be completed even if a resume is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. **Do you want to be informed before we contact your present employer?** Yes No

Name of Employer

_____ **Your Job Title** _____

_____ **Dates Employed** _____ / _____ to _____ / _____

Address of employer _____ **Total Time Employed** _____ Yrs _____ Mo

_____ **Avg. Hrs. Per Week** _____

Type of Business _____ Full-time Part-time Volunteer

Immediate Supervisor(s) _____

Phone No. _____

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments

Reason for Leaving: _____

Name of Employer

_____ **Your Job Title** _____

_____ **Dates Employed** _____ / _____ to _____ / _____

Address of employer _____ **Total Time Employed** _____ Yrs _____ Mo

_____ **Avg. Hrs. Per Week** _____

Type of Business _____ Full-time Part-time Volunteer

Immediate Supervisor(s) _____

Phone No. _____

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments

Reason for Leaving: _____

Name of Employer

Your Job Title _____

Address of employer _____

Dates Employed ____/____/____ to ____/____/____

Type of Business _____

Total Time Employed _____ Yrs _____ Mo

Immediate Supervisor(s) _____

Avg. Hrs. Per Week _____

Phone No. _____

Full-time Part-time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments

Reason for Leaving: _____

Name of Employer

Your Job Title _____

Address of employer _____

Dates Employed ____/____/____ to ____/____/____

Type of Business _____

Total Time Employed _____ Yrs _____ Mo

Immediate Supervisor(s) _____

Avg. Hrs. Per Week _____

Phone No. _____

Full-time Part-time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments

Reason for Leaving: _____

To include additional work experience, please make another copy of this page and include with application.

Please explain periods of unemployment: _____

--READ CAREFULLY--

Do Not Write On This Page

Please make sure all required information is included (see job vacancy announcement).

- 1. Did you sign and date your application?**
- 2. Have you read the job announcement to see what attachments must be submitted?**
- 3. Have you checked boxes in Section 3 to indicate what attachments you have included?**
- 4. Did you indicate the specific Position Title and Position Number in Section 2?**
- 5. Did you include a complete address for each employer listed in Section 7?**
- 6. If you are claiming Veterans Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation?**
- 7. Did you attach all the application materials required by the vacancy announcement?**

Submit completed and signed application to:

**Madison County Human Resources
PO Box 278
Virginia City, MT 59755**

APPLICANT SURVEY

Completion of this Applicant Survey is on a voluntary basis and will not affect your eligibility for employment.

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

Position Title: _____ Name: _____

How did you **first** learn of this position?

- | | |
|---|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> A County employee |
| <input type="checkbox"/> Montana Job Service | <input type="checkbox"/> Posted in a County office or bulletin board |
| <input type="checkbox"/> A referral/assistance organization | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other (specify) _____ | |

Date of Birth (month/day/year): _____/_____/_____

I identify myself as: Male Female

RACE/ETHNICITY

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

- | | |
|--|--|
| <input type="checkbox"/> WHITE (not of Hispanic origin) | A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> BLACK (not of Hispanic origin) | A person having origins in one of the black racial groups of Africa |
| <input type="checkbox"/> SPANISH (HISPANIC) | A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of race. |
| <input type="checkbox"/> ASIAN or PACIFIC ISLANDER | A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippines, and Samoa. |
| <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE | A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition. |

VETERAN STATUS

Check the box or boxes that describe your veteran status:

- Vietnam Era Veteran
- Veteran of Other War Era _____
- Other Veteran
- Disabled Veteran
- Not a Veteran

DISABILITY STATUS

If applicable, check any disability you have:

- | | |
|--|--|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Mobility impairment | <input type="checkbox"/> Mental impairment |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Other _____ |

Do you have certification from the Department of Social & Rehabilitation Services for Handicapped Persons' Employment Preference?

- YES NO