



# FLATHEAD COUNTY, MONTANA

## APPLICATION FOR EMPLOYMENT - INSTRUCTIONS

For your convenience a copy of Flathead County's Application for Employment follows. Applications cannot be submitted electronically, but may be faxed (see #6 below). To apply for an open position print the following five pages, complete the application and mail or deliver it to:

**Job Service Workforce Center**  
**427 1<sup>st</sup> Ave East**  
**Kalispell MT 59901**  
**(406) 758-6200**  
(or any other Montana Job Service Office)

Please review the following items when applying for a position:

1. If you do not have access to a printer, visit or contact your local Job Service Workforce Center.
2. Applications **WILL NOT** be accepted unless a position is open. Resumes **WILL NOT** be accepted without a completed application.
3. If you are applying for more than one position, an application must be submitted for each position.
4. An original signature must be on each application submitted.
5. Unless otherwise stated, all applications must be received at a Montana Job Service Workforce Center office by 5:00 p.m. MST on the closing date listed on the Position Vacancy Announcement.
6. Applications may be faxed to the Kalispell Job Service Workforce Center at (406) 758-6290 by the closing deadline (see #5 above). The original signed application must be received at the Kalispell Job Service Workforce Center within 5 business days after the closing deadline.
7. If you have questions regarding the job description, please contact that department. The telephone number is shown at the top of the Position Vacancy Announcement or on our Current Employment Opportunities web page.

Two empty yellow rounded rectangular boxes, one positioned above the other, likely intended for a signature or stamp.



# APPLICATION FOR EMPLOYMENT

## FLATHEAD COUNTY

**POSITION APPLYING FOR:**

\_\_\_\_\_

**INSTRUCTIONS:** THIS APPLICATION MUST BE COMPLETED EVEN IF A RESUME' IS SUBMITTED.

You must complete an application for each position. If a question does not apply enter "NA".

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Message (\_\_\_\_) \_\_\_\_\_

Have you worked for Flathead County before? \_\_\_\_ YES \_\_\_\_ NO

If YES, under what name and in which department? \_\_\_\_\_

WILL YOU ACCEPT: \_\_ Permanent Full-Time \_\_ Part-time (less than 40 hrs/wk) \_\_ Temporary (up to 6 months) \_\_ Seasonal

Date when available for employment: \_\_\_\_\_

Are you a United States citizen or legally authorized to work in the U.S.? \_\_\_\_ YES \_\_\_\_ NO

If required for this position, do you have a valid driver's license? \_\_\_\_ YES \_\_\_\_ NO

Commercial license? \_\_\_\_ YES \_\_\_\_ NO If "YES", Enter Class ( A1 A2 B1 B2 C1 C2): \_\_\_\_

Are any members of your immediate family employees of Flathead County? \_\_\_\_ YES \_\_\_\_ NO

If YES, identify by name, relationship and department.

\_\_\_\_\_

\_\_\_\_\_

**LIST ALL RELEVANT SKILLS**

1. Skills with office machines (typewriter, 10-key, etc.):

\_\_\_\_\_

\_\_\_\_\_

2. Skills with data entry equipment, personal computer (list programs):

\_\_\_\_\_

\_\_\_\_\_

3. Other tools/equipment:

\_\_\_\_\_

\_\_\_\_\_

4. List other licenses, certificates and special training related to the position that you are seeking (CPA, LPN, RN, etc.)

\_\_\_\_\_

\_\_\_\_\_

# EDUCATION

	High School				Vo-Tech or Other					Undergraduate College/University				Graduate Professional			
School Name And Location																	
Years Completed	9	10	11	12	1	2	3	4	5	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study and/or Relevant Course-																	

# 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 that has provided experience that would help you qualify. List each promotion as a separate position. THIS INFORMATION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Employer	Job Title	Supervisor
Address	Work Performed	
Phone ( )		
Beginning Salary Ending		
Dates Employed From To	Reason for Leaving	
Employer	Job Title	Supervisor
Address	Work Performed	
Phone ( )		
Beginning Salary Ending.		
Dates Employed From To	Reason for Leaving	
Employer	Job Title	Supervisor
Address	Work Performed	
Phone ( )		
Beginning Salary Ending		
Dates Employed From To	Reason for Leaving	

**PLEASE LIST AT LEAST THREE (3) JOB RELATED REFERENCES**

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

**State any additional information that you feel may be helpful to us in considering your application for employment with Flathead County.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BONDING INFORMATION**

(IF REQUIRED)

Are you able to be bonded?     \_\_\_ Yes \_\_\_ No     If " NO" explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# FLATHEAD COUNTY

## VETERAN'S AND HANDICAPPED EMPLOYMENT PREFERENCE

If you wish to claim Veterans or Handicapped Persons Employment Preference, in accordance with Montana Law, you must complete this form and return it with your application. One form must be completed for each position for which you wish to be considered. This form must be submitted by the posted closing date for filing of the application.

I. **I AM NOT CLAIMING PREFERENCE.**

SIGNATURE	POSITION	DATE
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II. To claim **VETERAN'S EMPLOYMENT PREFERENCE** you must be a U.S. citizen and check one of the boxes below. **PLEASE ATTACH FORM DD-214 or National Guard Form DCSPER Form 1.**

- A Veteran**, if
- you have been separated under honorable conditions  
AND
  - you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy Marines or Coast Guard, or as a member of the Montana Army or Air National Guard and completed your 6 year enlistment with the last 3 years in a Montana Guard unit.

- A Disabled Veteran**, if
- you have been separated under honorable conditions from active duty  
AND
  - 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 unmarried surviving spouse** of a veteran or disabled veteran.

- The mother of a veteran**, if
- 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
  - YOUR HUSBAND is total and permanently disabled, OR you are the unremarried widow of the father of the veteran.

III. You may claim **HANDICAPPED PERSONS EMPLOYMENT PREFERENCE** as (check one of the boxes below):

- A handicapped person** certified by DPHHS.
- The spouse** of a totally (100%) disabled person certified by DPHHS.

If you checked on of the above boxes for Handicapped Persons Employment Act:

Are you a Montana resident?  YES  NO

If "YES", enter date residency was established: \_\_\_\_\_

**PLEASE ATTACH COPY OF DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES (DPHHS) CERTIFICATION**

IV. 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.

**I AM PREPARED TO AND CAN DOCUMENT MY CLAIM FOR PREFERENCE UPON REQUEST.**

SIGNATURE	POSITION	DATE
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The following questions are designed to obtain information that will allow Flathead County to assess the impact of its recruitment and selection procedures on older workers, veterans, women, minorities and the handicapped.

We encourage you to complete this survey, but your failure to do so will not result in any adverse action against you. This survey will be separated from your application and will be kept confidential and used only for program monitoring and other lawful actions.

Your Social Security number is requested to assist us in differentiating between persons with the same or similar names.

Position Closing Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Job Applied For: Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

How did you first learn of this position?

- Newspaper Ad/Journal Ad                       A Friend                       Montana Job Service
- Community Organization                       Internet                       Female, minority, handicapped referral organization
- Other (specify) \_\_\_\_\_

Male                       Female                       Date of Birth \_\_\_\_\_

**RACE/ETHNICITY**

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

- WHITE (Not of Hispanic origin)  
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK (Not of Hispanic origin)  
A person having origins in one of the black racial groups of Africa.
- SPANISH (HISPANIC)  
A person of Mexican, Puerto Rican, Cuban, Central or South America 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, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines and Samoa.
- 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.

**HANDICAPPED:**                       Yes                       No

If Yes, check any major disability you have which may impede you securing, retaining, or advancing in employment:

- Hearing Impairment                       Visual Impairment                       Mobility Impairment
- Mental Impairment                       Multiple Disabilities
- Other \_\_\_\_\_

**VETERAN/HANDICAPPED PREFERENCE**

1. Check the one which best characterizes your veteran status:
  - Disabled Veteran (30% or more)                       Viet Nam Veteran (8/5/64 to 5/7/75)
  - Other Campaign or War Veteran                       Other

2. Was your discharge/separation
  - Honorable     Under Honorable Conditions or General or Bad Conduct     Dishonorable
 Discharge Date: \_\_\_\_\_

3. Are you the spouse of:
  - A veteran who is MIA or POW
  - A veteran who died on active duty or as a result of a service-connected disability
  - A totally disabled person or 100% Disabled Veteran.

4. Do you have certification from DPHHS for employment preference?     YES                       NO