



FLATHEAD COUNTY, MONTANA

APPLICATION FOR EMPLOYMENT - INSTRUCTIONS

For your convenience a copy of Flathead County's Application for Employment follows. To apply for an open position, complete the following application and mail or deliver it to:

Job Service Kalispell
427 1st Ave East
Kalispell MT 59901
(406) 758-6200
(Kalispelljsc@mt.gov)

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.
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. Attach any additional documentation to the back of your completed application; check the Position Vacancy Announcement for any required additional documentation.
6. If a skill test is required, such as a typing test, please contact the Job Service Kalispell for information on how to complete the test. Any required skill test must be completed before the position closing date and must be submitted with your application. Typing certificates must have a completion date within 6 months of the date the application is submitted to the Job Service.
7. Unless otherwise stated, your application must be received at the Job Service Kalispell office by 5:00 p.m. MST on the closing date listed on the Position Vacancy Announcement. You may submit your application either by mailing or delivering it to the address listed above, or you can scan your completed, signed application and email it as an electronic attachment to kalispelljsc@mt.gov. Faxed applications will not be accepted.
8. 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.

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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: _____

MAILING ADDRESS: _____ PHONE: Home () _____ - _____
Cell () _____ - _____

CITY, STATE, ZIP: _____ Message () _____ - _____

EMAIL ADDRESS: _____

Have you worked for Flathead County before? ____ YES ____ NO

If YES, under what name and in which department? _____

WILL YOU ACCEPT: __ Regular Full-Time __ Part-time (less than 40 hrs/wk) __ Temporary (up to 12 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

Valid 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.

Have you ever been convicted of a crime other than a minor traffic violation? * ____ Yes ____ No

* A record of criminal conviction will not necessarily bar you from employment.

BONDING INFORMATION

(IF REQUIRED)

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

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							

LIST ALL RELEVANT SKILLS

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

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

Other tools/equipment:

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

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.

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**

1. you have been separated under honorable conditions
AND
2. 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**

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 unmarried 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 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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APPLICANT SURVEY

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