



## Application for Employment

It is the policy of the Town of Stevensville to consider applicants for all positions without a regard to race, color, religious beliefs, creed, sex, national origin, age, marital or veteran status, political beliefs, genetic information, the presence of a non-job related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the Town of Stevensville.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:		
Street Address:	City, State & Zip:			
Email address:	Home Phone:	Work Phone:	Cell Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to any current (company employee)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:		
How did you learn about this employment opportunity at <i>newspaper</i> ? Check all that apply: <input type="checkbox"/> Ad in				
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Job Service <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:				

### EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						



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**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)


**WORK EXPERIENCE-**Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** Town of Stevensville reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:



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Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

### **ACKNOWLEDGEMENT**

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application whether on this document or not, is true and complete. I understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that I will be required to sign an authorization to release information if I am considered for employment.

I understand that, if employed by the Town of Stevensville, I will be required to provide proof of my identity and the legal right to work in the United States within three (3) business days of the date employment begins, to verify my employability in compliance with Federal Law.

If offered employment with the Town of Stevensville, I understand that I must comply with all of the Town's policies, rules and procedures.

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

\* If application is submitted via e-mail, applicant will be required to sign this page if given the opportunity to participate in an interview.

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



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### VETERANS' REEMPLOYMENT PREFERENCE ACT

To claim preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act, complete the following. 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 to apply employment preference.

**Veterans' Employment Preference provides the addition of 5 percentage points or 10 percentage points to applicant's score when a numerically scored selection procedure is used.**

**To claim Veterans' Employment Preference you must be a U.S. Citizen and (check one of the boxes below):**

**A Veteran, if** You have been separated under honorable conditions, **AND**

- 1. 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 badge is authorized, **or**,
- 2. You are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of six years service in armed forces, the last three of which have been served in the Montana Army or Air National Guard.

**A Disabled Veteran, (letter from Veterans Affairs must be submitted) if** You have been separated under honorable conditions, **AND**

- You have an established Armed Force, service-connected disability **OR** are receiving compensation disability retirement benefits, or pension from the U.S. Department of Veteran Affairs or military department, **OR**, you have received a purple heart.
- The spouse of a disabled veteran** if the veterans' 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.



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### HANDICAPPED PERSONS EMPLOYMENT PREFERENCE

You may claim Montana Persons with Disabilities Employment Preference as (check one of the boxes below):

- A person with a disability certified by PHHS (attach to application).
- The spouse of a totally (100%) disabled person certified by PHHS and have resided continuously in Montana for at least one year immediately before apply for employment (attach to application).

**Date of Montana Residency:** \_\_\_\_\_

Sign below if claiming a Veterans Preference or Handicapped Preference

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

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



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### VOLUNTARY EQUAL OPPORTUNITY REPORTING INFORMATION

The information you provide on this form is collected in compliance with State and Federal law to determine if the Town's hiring practices are discriminating against any group. The information will be separated from the application and will not be used in making any hiring decisions. Thank you for your cooperating.

#### PLEASE CHECK ONE OF THE DESCRIPTIONS BELOW CORRESPONDING TO THE ETHNIC GROUP WITH WHICH YOU MOSTLY IDENTIFY:

- White - a person having origins in any of the original people of Europe, North America or the Middle East.
- Black - a person having origins in any of the Black racial groups of Africa.
- Hispanic - a person of Mexican, Puerto Rican, Cuban, Central or South American 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 including the Pacific Islands. This are includes, for example, China, India, Japan, Korea, the Philippines or Samoa.
- American Indian or Alaskan Native - a person having origins in any of the original people of North America, South America and Central America who maintain tribal affiliation or community attachment.

SEX:  MALE  FEMALE

AGE AS OF LAST BIRTHDAY \_\_\_\_\_

#### WHERE DID YOU LEARN OF THIS POSITION?

- Town of Stevensville website or other online source not listed below
- Newspaper (online or printed)
- Word of Mouth
- Job Service (online or in person)
- Other (please identify) \_\_\_\_\_