

Fallon County, Montana

Application for Employment

Dear Applicant,

Thank you for considering a position with Fallon County! We are a local government dedicated to serving the people of Fallon County, Montana.

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, creed, religion, political affiliation, sex, national origin, age, disability or genetic information or any other basis prohibited by federal, state, and local laws.

Instructions

1. Applications are accepted for open positions only. If you are applying for more than one position, you must submit a separate application for each job opening.
2. Type or print legibly in ink.
3. Fill out the entire application by answering all questions. If a question is not applicable, enter "N/A". An incomplete application may disqualify you. Do not indicate "See Resume." Providing complete and accurate information on your education, work experience and skills will help identify whether you are a qualified candidate for the position.
4. All information you provide is subject to verification.
5. Date and sign the application. If not signed, the application will not be complete.
6. Your application must be received by the date and time indicated on the vacancy announcement.
7. Applications and supporting material will not be returned.

Montana Preference Law and Acts

If you are claiming preference under Montana Veterans' Public Employment Preference Law (MCA 39-29-101 et. Seq., ARM 2-221-3601 or Montana Persons with Disabilities Employment Preference Act (MCA 39-30-103 et. Seq.), complete the following:

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

- A veteran separated under honorable conditions
- A disabled veteran separated under honorable conditions.
- The spouse of a disabled veteran if the veteran's disability prevents him/her from working.
- The unremarried surviving spouse of a veteran or disabled veteran.
- The mother of a veteran, IF THE VETERAN lost his/her life under honorable conditions while serving in the Armed Forces OR has a service-connected, permanent, and total disability.

You may claim Handicapped Persons' Employment Preference as (check one of the boxes below):

- A handicapped person certified by PHHS, or
- The spouse of a totally (100%) disabled person certified by PHHS, and resides continuously in Montana for at least one year immediately before applying for employment.

If you checked one of the above boxes for Handicapped Person's Employment Preference, are you a Montana resident? Yes No

If yes, date residency established: _____

NOTE: If you claim a preference, **documentation must be attached.** Please check which attachments you have included:

- DD-214 PHHS Certification Other

If you need an accommodation in the recruitment process please inquire directly with Human Resources.

Application for Employment

Fallon County, Montana

An Equal Opportunity Employer

Position Applied For:	
Name (First, Middle, Last):	
Mailing Address:	
City, State and Zip Code:	
Primary Phone Number:	Alternative Phone Number:
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you show verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide date(s) and position(s):	
Are you related to anyone currently working for Fallon County? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide name, department and relationship (including spouse, in-laws):	
Do you want to be informed before we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available to begin work:	
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony that did or could have resulted in imprisonment in a Federal or State penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(A criminal record does not preclude employment and will be considered only as it related to the job in question)	

I confirm all information I have provided in my application materials is true, complete and correct. I also confirm that I have not omitted any information called for by this application. I understand any information I provide (or fail to provide) that is found to be false, incomplete or contains a misrepresentation in any respect may disqualify me from consideration employment or if hired, may be grounds for termination.

I expressly authorize, without reservation, Fallon County, its representatives, employees or agents to contact and obtain information from all employers to verify the accuracy of all information provided by me in this application. I hereby waive all rights and claims I may have regarding Fallon County or its representative for seeking, gathering and using such information in the employment process and all other persons or organizations for furnishing information about me.

I have read, fully understand and accept all terms of the above Applicant Statement. I also understand if my application is not signed (typed or written) it will be considered incomplete and I may be disqualified from consideration for this position.

Signature:

Date:

Education, Training and Licenses

High School name and address:

Did you graduate from high school? Yes No GED

College, University & Other Schools Name and Location	Dates Attended Month/Year	Degree/Certificate Received and Date

Describe any specialized training, apprenticeships or internships you attended/completed; please include location and dates of attendance:

List current Professional Licenses, Registrations or Certifications (engineering, medical, CPA, CDL, etc.); include licensing agency name, type of license, endorsement/restriction (if applicable) and date of licensure/registration/certification:

Specialized Skills – Office

- | | | | | |
|---|---------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Excel | <input type="checkbox"/> Adobe Acrobat | <input type="checkbox"/> Word | <input type="checkbox"/> Power Point |
| <input type="checkbox"/> Typewriter: _____ words per minute | <input type="checkbox"/> Access | <input type="checkbox"/> Internet | <input type="checkbox"/> 10 Key Calculator | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Email | | | | |

Other office equipment or software:

Specialized Skills – Heavy Equipment and Related

- | | | | | |
|-------------------------------------|-------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Blade | <input type="checkbox"/> Scraper | <input type="checkbox"/> Semi-Truck | <input type="checkbox"/> Dozer |
| <input type="checkbox"/> Snow Plow | <input type="checkbox"/> Skid Steer | <input type="checkbox"/> Loader | <input type="checkbox"/> Packer | <input type="checkbox"/> Manual Labor |

Other equipment or related skills:

Employment History: Start with your most recent employer. Include any job-related military service assignments and volunteer activities. If you need additional space, please continue on additional paper using the same format. This information must be completed even if a resume or application materials are submitted. Information you provide on this application is subject to verification. Previous employers may be contacted as references and for verification.

1. From: (mo/yr)	Employer's name and address:	Type of business:
To: (mo/yr)		Hours Per Week:
Job Title:	Supervisor's name & phone number:	
Reason for leaving:		
Describe your work in detail:		

2. From: (mo/yr)	Employer's name and address:	Type of business:
To: (mo/yr)		Hours Per Week:
Job Title:	Supervisor's name & phone number:	
Reason for leaving:		
Describe your work in detail:		

3. From: (mo/yr)	Employer's name and address:	Type of business:
To: (mo/yr)		Hours Per Week:
Job Title:	Supervisor's name & phone number:	
Reason for leaving:		
Describe your work in detail:		

4. From: (mo/yr)	Employer's name and address:	Type of business:
To: (mo/yr)		Hours Per Week:
Job Title:	Supervisor's name & phone number:	
Reason for leaving:		
Describe your work in detail:		

Please explain any periods of unemployment:
--