

HIGH SCHOOL EDUCATION

High School/GED School/Location		High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
---------------------------------	--	---

OTHER EDUCATION AND TRAINING

	School/Location	Course of Study	Degree? (yes/no)
Community College			
Trade School			
College/University			

PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATES

List any professional licenses, registrations or certificates relevant to this position. Attach a copy of any required certification. (Ex. CPA, PE, CJIN/NCIC, PHR, SPHR, Engineering, ICBO, ICC, CDL)

SPECIAL SKILLS

Please describe your skills using office machines; calculators, copy machines, word processors, computers, computer software; typing and shorthand; speed and proficiency in each, special secretarial skills, skills with hand and power tools, heavy equipment or any skills required for the position applied for (*attach separate page if needing more room*).

EMPLOYMENT HISTORY

Please list employment experience, beginning with your most recent employment. Include military service and any volunteer work which has provided experience and that would help you qualify. **RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION FORM.** If necessary, additional sheets may be attached to this application form.

Starting Date:	Ending Date:		Hours per week:
Your title:		Reason for leaving:	
Present or Last Employer – Name/Address & Phone:		Supervisor – Name & Title:	
		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):			

Starting Date:	Ending Date:		Hours per week:
Your title:		Reason for leaving:	
Previous Employer – Name/Address & Phone:		Supervisor – Name & Title:	
		May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):			

Print Last Name, First Initial _____

EMPLOYMENT HISTORY CONT.

Starting Date:	Ending Date:		Hours per week:
Your title:		Reason for leaving:	
Present or Last Employer – Name/Address & Phone:		Supervisor – Name & Title:	
		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):			

Starting Date:	Ending Date:		Hours per week:
Your title:		Reason for leaving:	
Previous Employer – Name/Address & Phone:		Supervisor – Name & Title:	
		May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):			

AUTHORIZATION TO RELEASE INFORMATION

- 1. As an applicant for a position with the City of Missoula, I am required to furnish information which this agency may use in determining qualifications. In this connection, I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person for which I have been employed furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.
- 2. I acknowledge that I may be required to submit to a drug test prior to being hired if I apply for a position which requires a drug and alcohol test in compliance with 49 CFR Part 382, 391, 392 and 395, as amended, which mandates urine drug testing and breath alcohol testing for persons who are subject to CDL requirements and perform safety sensitive functions. I further acknowledge that subsequent drug and alcohol testing and negative drug test results are conditions of my employment.
- 3. As a condition of employment or continued employment I authorize any division of motor vehicles to release information regarding my driving record, if driving is a function of the position.
- 4. I certify that the foregoing answers, and all supplemental documents are correct and that false information may result in dismissal if employed. I understand that employment may be contingent upon satisfactory completion of a physical examination showing that I can adequately perform job-related functions. If employed by the City of Missoula I will abide by the City's Policies, Practices and Procedures.
- 5. I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.
- 6. Information that is provided 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
- 7. Have you previously been employed under a different name(s)?
 No Yes If yes, please list other name(s): _____
(This information will be used when checking references only.)
- 8. I hereby release all parties and persons connected with any such request for information from claims, liabilities, and damages for any reason arising out of furnishing such information.

Signature of Applicant

Date

MONTANA PREFERENCE LAW & ACT

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:

Veteran's Employment Preference provides the addition of 5 percentage points (veteran) or 10 percentage points (disabled veteran or handicapped) to the applicant's score when a numerically scored selection procedure is used. 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.

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

- DD-214 PHHS Certification Other _____

I certify that this application is true and complete to the best of my knowledge. I am aware that any falsifications or misrepresentation may disqualify me from any employment with the City of Missoula. PLEASE NOTE: The City of Missoula is an Equal Employment Opportunity and Affirmative Action Employer. Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

Applicant's Signature

Date

Applicant Self Identification Form

Office Use Only

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

Please check one of the descriptions below corresponding to the ethnic group with which you most identify:

___ **White (not of Hispanic origin)** - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

___ **Black (not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa.

___ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

___ **Asian or Pacific Islander** - All persons 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 Philippine Islands, and Samoa.

___ **American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Sex: _____ Male _____ Female

How did you learn of the vacancy? _____ The Missoulian _____ Missoula Job Service _____ City Website

_____ Posted at City Hall _____ Web site (please specify)

_____ Other (explain)