

**VALLEY COUNTY
APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER
Auxillary Aids and Services are Available Upon
Request to Individuals With Disabilities

The information contained on this form is sought in Good faith. It will not be used in any way to discriminate against any applicant for employment in violation of State or Federal law.

INSTRUCTIONS:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 14 of page 5 of this form may be used to continue or explain answers or provide other information Relative to your qualifications or availability.

INCOMPLETE or UNSIGNED applications will not be considered.

1. Name: _____
Last First MI

2. Address: _____
Street

City State Zip Code

3. Phone No: _____
Work Home

E-mail _____

4. This section must be completed for each position you apply for.

Job Title _____

Job Location _____

Date you are available for work _____

5. If required for this position:

		Yes	No
Do you have:	a. Valid driver's license?	_____	_____
	Commercial driver's license?	_____	_____
	If commercial, specify: Type _____ Class _____		
	Hazardous material _____ Tank _____ Airbrakes _____		
	b. Are you willing to travel overnight? Yes _____ No _____		

Are you willing to accept: _____ Full-time _____ Part-time (less than 40 hrs/wk)

_____ Temporary _____ Seasonal _____ On Call

_____ Day Shift _____ Other than day shift _____ Rotating Shifts

This employer is committed to make reasonable accommodations to any known disability that may interfere with an applicant's ability to compete in the application and interview process. If you would like us to consider any such accommodation, please on a separate sheet of paper attach a description of the desired accommodation.

This public employer complies with the Veteran's and Handicapped person's Employment Preference Act which provides preference in public employment for certain military veterans and handicapped persons or their eligible spouses. Contact your local Vocational Rehabilitation Services Office (Dept. of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. For more information contact your local Job Service Office. **IF YOU ARE CLAIMING THIS EMPLOYMENT PREFERENCE, YOU MUST COMPLETE PAGE 6 OF THIS APPLICATION.**

VALLEY COUNTY

6. EDUCATION

A. HIGH SCHOOL

Received:

___ Diploma of Equivalent Certification
 ___ None – If “None”, enter the highest
 grade completed ___

b. NAME/ADDRESS OF HIGH SCHOOL AWARDING

DIPLOMA OR EQUIVALENCY CERTIFICATE:

7. COLLEGE or UNIVERSITY LOCATION	DATE ATTENDED	CREDIT HRS EARNED QTRS/SEMS	DEGREES RECEIVED	DATE OF DEGREE	MAJOR FIELD	MINOR FIELD

8. Other School or Training Courses which help you qualify NAME, LOCATION	DATE ATTENDED	DID YOU COMPLETE	TITLE/DESCRIPTION OF COURSE	TOTAL HOURS

9. LIST PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (CPA, etc.)

A. Name and Complete Address of Licensing Agency	B. Type of License	C. Endorsement/restriction (if Applicable)	D. Date License

10. If applying for skilled craft jobs, are you a recognized Journey Level Worker? ___ YES ___ NO
 If “yes”, what craft or trade? _____ When received? _____

11. SPECIAL SKILLS – Check the skill you possess Specify speed/errors where requested
 ___ TYPING ___/___ DATA ENTRY ___/___ MEDICAL TERMINOLOGY
 ___ SHORTHAND ___/___ TEN-KEY BY TOUCH ___ LEGAL TERMINOLOGY
 ___ COMPUTER LANGUAGES (Specify) _____ OTHER _____

12. EQUIPMENT – List types of equipment you can operate and specify name or model you have used (e.g. word processor computer, etc.).

13. 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 which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not an adequate amount of space, you may respond to this section on a separate piece of paper if all questions in the blocks are answered and the same format is followed. This information must be completed even if a resume is submitted.

Notice to applicants: Information that you provide 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

Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: _____ Part-time: _____

Highest Salary \$ _____ Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: _____ Part-time: _____

Highest Salary \$ _____ Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving:

VALLEY COUNTY

Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: _____ Part-time: _____

Highest Salary \$ _____

Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: _____ Part-time: _____

Highest Salary \$ _____

Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

Name & Complete Address of Employer:

Job Title: _____ Dates: ____/____/____ to ____/____/____

Immediate Supervisor: _____ Full-time: _____ Part-time: _____

Highest Salary \$ _____

Phone Number: _____

Volunteer, Average hours per week _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

14. CONTINUATION/EXPLANATIONS (refer to item # being continued or explained)

Item#

15. I hereby certify that all information on this is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

SIGNATURE: _____ DATE SIGNED: _____

16. EMPLOYMENT REFERENCES

NAME	ADDRESS	PHONE#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

17. VETERAN STATUS

- Disabled Vietnam Era Veteran Vietnam Era Veteran
- Disabled Veteran of other Campaign/War Era Veteran of other Campaign/War Era
- Other Disabled Veteran Veteran of the Persian Gulf War

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires employers to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed. “This is also a requirement of the Montana Human Rights Act”. The following survey helps to fulfill these requirements. This application survey will be separated from your application. The survey information will be kept confidential, used only for statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices of the employer.

Name _____

Job applied for: Job Title _____

Location _____

How did you first learn of this position?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper ad or Journal ad | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Job Service |
| <input type="checkbox"/> Female, minority, or disabled referral organization | <input type="checkbox"/> Other (Specify) |

MALE FEMALE DATE OF BIRTH (month/day/year) ____/____/____

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 having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures.

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 Phillipines and Samoa.

AMERICAN INDIAN OR ALASKAN NATIVE

A person having origins in any of the original peoples of North America who maintains cultural identifications through tribal affiliation or community recognition.

VETERAN OR HANDICAPPED STATUS

1. HANDICAPPED: YES NO

- If “yes ” check any major disability you have:
- | | |
|--|--|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Mobility impairment | <input type="checkbox"/> Mental impairment |
| <input type="checkbox"/> Other | <input type="checkbox"/> Multiple impairment |

2. Check the one item that best describes your veteran status:

- | | |
|---|--|
| <input type="checkbox"/> Disabled Vietnam Era Veteran | <input type="checkbox"/> Vietnam Era Veteran |
| <input type="checkbox"/> Disabled Veteran of other Campaign/War Era | <input type="checkbox"/> Veteran of other Campaign/War Era |
| <input type="checkbox"/> Other Disabled Veteran | <input type="checkbox"/> Veteran of the Persian Gulf War |
| <input type="checkbox"/> Other Veteran | |

3. Check the item that best describes your status as a preference relative:

- | | |
|---|---|
| <input type="checkbox"/> Spouse of a disabled veteran | <input type="checkbox"/> Un-remarried surviving spouse of a veteran or disabled veteran |
| <input type="checkbox"/> Mother of a veteran | <input type="checkbox"/> Spouse of totally (100%) disabled person |

4. Do you have certification from the Dept. of Social & Rehabilitation Services for Handicapped Persons’ Employment Preference? YES NO

VALLEY COUNTY

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with Valley County; I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, attendance of the last years worked, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications and experience at your company. This includes all information contained in my employment records.

The release in any manner of any and all information by you is authorized and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for six months from the date of my signature below.

You may retain this copy of my release for your files. Thank you for your assistance.

Name (typed or printed)

Signature

Date _____