GLACIER COUNTY
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

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 and federal law.

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On **each** sheet write your name and job title for which you are applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date in ink each application you submit. LATE, **INCOMPLETE or UNSIGNED applications will not be considered**.

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted (supplement questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (C) the required special qualifications or licenses; and (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed.

Employment Preference: The Veterans' Employment Preference Act and the **Persons with Disabilities Employment Preference Act** provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an Employment Preference Form, available through your local Montana Job Service. The applicant must indicate at the bottom of page one of this application form that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service.

1. Name _____
Last First MI

Address _____
Street

_____
City State Zip

Phone No. _____
Work Home

2. What position are you applying for?
(Please see Job Vacancy Announcement.)

Department _____

Position Title _____

Job Location _____

3. My signature below certifies that all information on this and all attached pages (checked below) are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with the County or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. In the spaces below, I have checked attachments, including those required in the job announcement.

☐ Responses to Supplement Questions ☐ Transcript ☐ Typing/Ten-key Certification
☐ Employment Preference Form/Documentation ☐ Résumé ☐ Additional Employment Experience
☐ Other (please specify) _____

SIGNATURE: _____ DATE SIGNED: _____

4. **EDUCATION**: You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) if all relevant blocks are completed and the same format is followed.

High School Name and Address _____

Received Diploma or Equivalency Certificate? Yes ____ No ____

If you chose "No" above, please enter the highest grade that you completed _____

College, University, Other Schools & Training Courses Name and Location	Dates Attended	Degree/ Certificate Received?	Degree/ Certificate Date	Major/ Minor Field	Credits Earned- Indicate Quarter or Semester Credits

5. List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency: Name and Location	Type of License	Endorsement/Restriction (If Applicable)	Date Licensed

6. List other skills, education, experience and abilities below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

7. **EXPERIENCE**: List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. **Begin with your present or most recent experience.** Include military service that would help you qualify. You may continue this section on a separate sheet of paper if all the same format is followed. Include your name and the job title for which you are applying on each sheet. ***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

_____

_____

_____

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to_____/ _____

Immediate Supervisor(s)_____ Phone No. _____

Avg. Hrs. Per Week_____Total Time Employed _____Yrs/Mo _____ ☐ Full-Time ☐ Part-Time ☐ Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments:

_____

_____

_____

Reason for Leaving: _____

Name & Complete Address of Employer

_____

_____

_____

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to_____/ _____

Immediate Supervisor(s)_____ Phone No. _____

Avg. Hrs. Per Week_____Total Time Employed _____Yrs/Mo _____ ☐ Full-Time ☐ Part-Time ☐ Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments:

_____

_____

_____

Reason for Leaving: _____

(EXPERIENCE - continued from item 7 . . .)

Name & Complete Address of Employer

_____

_____

_____

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to_____/ _____

Immediate Supervisor(s)_____ Phone No. _____

Avg. Hrs. Per Week_____Total Time Employed _____Yrs/Mo _____ ☐ Full-Time ☐ Part-Time ☐ Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments:

_____

_____

_____

Reason for Leaving: _____

Name & Complete Address of Employer

_____

_____

_____

Your Job Title _____

Type of Business _____ Dates Employed _____ / _____ to_____/ _____

Immediate Supervisor(s)_____ Phone No. _____

Avg. Hrs. Per Week_____Total Time Employed _____Yrs/Mo _____ ☐ Full-Time ☐ Part-Time ☐ Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments:

_____

_____

_____

Reason for Leaving: _____

--READ CAREFULLY—
Do Not Write On This Page

Please make sure all required information is included (see job vacancy announcement).

1. Did you sign and date your application?

2. Have you read the job announcement to see what attachments must be submitted?

3. Have you checked boxes in Section 3 to indicate what attachments you have included?

4. Did you indicate the specific Position Title and Position Number in Section 2?

5. Did you include a complete address for each employer listed in Section 7?

6. If you are claiming Veterans Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation?

7. Did you attach all the application materials required by the vacancy announcement?