



**10. EDUCATION**

**a. HIGH SCHOOL**

Received:

- Diploma or Equivalent Certificate
- None – If “none”, enter the highest grade completed \_\_\_\_\_

**b. NAME/ADDRESS OF HIGH SCHOOL AWARDING DIPLOMA OR EQUIVALENCY CERTIFICATE:**

\_\_\_\_\_

**c. COLLEGE/UNIVERSITY (S)**

Name/Location: \_\_\_\_\_ Degree/Certificate  Yes  No

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Name/Location: \_\_\_\_\_ Degree/Certificate  Yes  No

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Name/Location: \_\_\_\_\_ Degree/Certificate  Yes  No

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**11. SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, registrations, licenses and/or certificates that may assist you in performing the position for which you are applying:

\_\_\_\_\_

**12. COMPUTER SOFTWARE**

- Excel       Word       PowerPoint       Internet       Publisher
- Outlook       Explorer       Corel       FrontPage       Illustrator
- Other \_\_\_\_\_

**13. OFFICE EQUIPMENT**

- Computer       Scanners       Copiers       Facsimile Machine
- Multi-Line Telephone System       Postage Meter       Ten Key Calculator
- Other \_\_\_\_\_

**14. 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 sheet 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 & Address _____ of Employer _____	Dates <u>   </u> / <u>   </u> to <u>   </u> / <u>   </u> (mo/yr) Job Title _____ Type of Business _____
Immediate Supervisor _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Telephone Number <u>   </u> ( <u>   </u> ) - _____	Average Hours per Week _____
Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments) _____	
Reason for leaving: _____	

Name & Address _____ of Employer _____	Dates <u>   </u> / <u>   </u> to <u>   </u> / <u>   </u> (mo/yr) Job Title _____ Type of Business _____
Immediate Supervisor _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Telephone Number <u>   </u> ( <u>   </u> ) - _____	Average Hours per Week _____
Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments) _____	
Reason for leaving: _____	

**ADDITIONAL EXPERIENCE:**

Name & Address _____ of Employer _____	Dates ___/___ to ___/___ (mo/yr) Job Title _____
_____	Type of Business _____
Immediate Supervisor _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Telephone Number ( ) - _____	Average Hours per Week _____
Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments) _____	
Reason for leaving: _____	

Name & Address _____ of Employer _____	Dates ___/___ to ___/___ (mo/yr) Job Title _____
_____	Type of Business _____
Immediate Supervisor _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Telephone Number ( ) - _____	Average Hours per Week _____
Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments) _____	
Reason for leaving: _____	

Name & Address _____ of Employer _____	Dates ___/___ to ___/___ (mo/yr) Job Title _____
_____	Type of Business _____
Immediate Supervisor _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Telephone Number ( ) - _____	Average Hours per Week _____
Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments) _____	
Reason for leaving: _____	

**15. CONTINUATION/EXPLANATIONS (refer to the item # being continued or explained):**

\_\_\_\_\_

**16.** I hereby certify that all information on this application 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.**

Attached:

- Additional Employment Experience Form
- Transcript
- Resume
- DD-214 (for Veterans)
- Other (specify) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_

To claim Veterans or Persons with Disabilities Employment Preference, in accordance with Montana law you must complete this form and return it with your application by the posted closing date. One form must be completed for each position for which you wish to be considered. **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. Contact the Department of Veterans Affairs for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS), for details on obtaining persons with disabilities preference certification.

NAME \_\_\_\_\_ POSITION APPLYING FOR \_\_\_\_\_  
PLEASE PRINT

**I AM NOT CLAIMING PREFERENCE.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

17. To claim **VETERANS EMPLOYMENT PREFERENCE** you must be a U.S. citizen and (check one of the boxes below):

- A Veteran, if**
1. you have been separated under honorable conditions, **AND** 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 is authorized.
  2. you are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.
- A Disabled Veteran, if**
1. you have been separated under honorable conditions from military duty, **AND**
  2. you have an established Armed Forces, service-connected disability OR are receiving compensation, disability benefits or pension from the U.S. Department of Veterans Affairs or military department OR you have received a Purple Heart.
- 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**
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 unremarried widow of the father of the veteran.

18. To claim **MONTANA PERSONS WITH DISABILITIES EMPLOYMENT PREFERENCE** you must be (check one of the boxes below):

- A person with a disability** certified by PHHS, **OR**
- The spouse** of a totally (100%) disabled person certified by PHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

19. **NOTE: IF YOU CLAIM PREFERENCE, DOCUMENTATION MUST BE ATTACHED.** Please check which attachments you have included:

- DD-214 showing the character of discharge       Service-connected disability letter
- PHHS Disability Certification       A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

**I HEREBY CERTIFY** that the information provided above is true and complete to the best of my knowledge. I am aware that falsification or misrepresentation is grounds for dismissal or disqualification from employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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 applicant survey will be separated from your application. The survey information will be kept confidential and 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 \_\_\_\_\_ Social Security# \_\_\_\_\_ - -

Title of Job being applied for \_\_\_\_\_

Job Location \_\_\_\_\_

How did you first learn of this position?

- Newspaper Ad
- A friend
- Female, minority or disabled referral organization
- Other (specify) \_\_\_\_\_
- Community Organization
- Job Service
- Internet

Date of Birth (mo/day/year) \_\_\_/\_\_\_/\_\_\_  Male  Female

**RACE/ETHNICITY**

PLEASE CHECK THE ONE BOX THAT BEST DESCRIBES YOUR RACE/AUTHENTICITY:

- White
- Hispanic or Latino
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

**VETERAN or HANICAPPED STATUS**

1. Handicapped  Yes  No
- Hearing Impairment
  - Mobility Impairment
  - Multiple Impairment
  - Visual Impairment
  - Mental Impairment
  - Other \_\_\_\_\_

2. Check the one box that best describes your **Veteran Status**:

- Disabled Vietnam Era Veteran
- Disabled Veteran of other Campaign/War Era
- Other disabled Veteran
- Vietnam Era Veteran
- Veteran of other Campaign/War Era
- Other Veteran \_\_\_\_\_
- Persian Gulf War Veteran

3. Check the one box that best describes your status as a **preference eligible relative**:

- Spouse of a Disabled Veteran
- Mother of a Veteran
- Unremarried surviving spouse of a veteran or disabled veteran
- Spouse of totally (100%) disabled person

Do you have certification from the Dept. of Social and Rehabilitation Services for Handicapped Persons' Employment Preference?  Yes  No