

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 your 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 "No" enter highest grade 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, 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 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, 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, accomplishments

Reason for Leaving: _____

7. EXPERIENCE *Continued...*

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, 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, accomplishments

Reason for Leaving: _____

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN TRAFFIC VIOLATIONS?

Yes No

CRIMINAL OFFENSE: _____

DATE OF CHARGE OR CONVICTION: _____

AUTHORIZATION TO RELEASE CRIMINAL BACKGROUND INFORMATION

I, _____, HEREBY AUTHORIZED THE RELEASE OF INFORMATION REGARDING MY CRIMINAL HISTORY TO THE SHERIFF OF POWELL COUNTY, STATE OF MONTANA AND AUTHORIZED THE POWELL COUNTY SHERIFF TO CONDUCT A CRIMINAL BACKGROUND CHECK FOR THE PURPOSE OF DETERMINING MY FITNESS FOR EMPLOYMENT