## POWELL COUNTY EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

The information contained on this for 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 complete 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:				2. What position are you applying for?	
	Last	First	MI	(See Job Vacancy Announcement.)	
Social Security N	lo			Department	
Address					
Street					
				Position Title	
City	State	Zip Cod	e		
				Job Location	
Phone No.					
		TT			
Work		Home			
				and all attached pages (checked below) are true,	
	*	•	_	ain no willful falsifications or	
misrepresentat	ions. Falsifica	ations or misrepr	resentations m	nay disqualify me from consideration for	
employment w	ith the County	or, if hired, may	be grounds f	for termination at a later date. Employers may be	
contacted as re	ferences. In th	e spaces below,	I have checke	d attachments, including those required in the job	
announcement	•				
Responses to S			☐ Transcript	Typing/Ten-key Certification	
	Preference Form/I	Documentation	Resume	Additional Employment Experience	
Other (speci	(fy)				
SIGNATURE: DATE SIGNED:					

4. <b>EDUCATION:</b> You m For which your applying)					write your name and job title
High School Name and Ad	ddress:				
Received Diploma or Equi	ivalency Certifica	nte □ Yes □ No If	"No" enter highest grade comp	leted	
College, University, Other Schools & Training Courses	Dates Attended	Degree/ Certificate Received	Degree/ Certificate	Major/ Credits Earned – Minor Indicate Quarter Field Or Semester Credit	
Name and Location			Date		
5. List current Professiona		tration, Certification			c.)
Licensing Agency: Name and Location		Type of License	Endorsement/Restriction If applicable		Date Licensed
6. list other skills, education know how to use. (If you represent the second s				a list of equ	ipment that you

you are applying. Begin with your presen You may continue this section on a separa which you are applying on each sheet.  This information Notice to applicants: Information that Previous employers may be contacted	rolunteer experience with emphasis on experience that is relevant to the position for which it or most recent experience. Include military service that would help you qualify. The same of paper if all the same format is followed. Include your name and the job title for the must be completed even if a resume is submitted. It you provide on this application is subject to verification. The as references.  Contact your present employer \( \subseteq \text{Yes} \subseteq \text{No} \)
Name & Complete Address of Emp	
Your Job Title	
Type of Business	
Avg Hrs Per Week	Phone No.  Total Time Employed Yrs / Mo
Describe your duties, including kno	owledge, skills abilities required, employees supervised, accomplishments
Reason for Leaving:	
Name & Complete Address of Emp	ployer
Your Job Title	
Type of Business	
	Phone No.
Avg Hrs Per Week	Total Time Employed Yrs / Mo
Describe your duties, including kno	l-time Part-Time Volunteer  owledge, skills abilities required, employees supervised, accomplishments
Reason for Leaving:	

7. EXPERIENCE Continued	
Name & Complete Address of Employer	
	- -
Your Job Title	<del>-</del>
Immediate Supervisor(s)	
<u> </u>	Total Time EmployedYrs / Mo  Part-Time
Reason for Leaving:	
Name & Complete Address of Employer	_
Your Job Title	<del>-</del>
Immediate Supervisor(s)	
Avg Hrs Per Week	Total Time EmployedYrs / Mo
<del>_</del>	Part-Time  Volunteer  bilities required, employees supervised, accomplishments
Design for Leaving.	
Reason for Leaving:	

HAVE VOLUEVED DEEN CHARCED WITH OD CONVICTED OF ANY CDIMINAL OFFENCE OTHER THAN TRAFFIC VIOLATIONS?
have you ever been charged with or convicted of any criminal offense other than traffic violations?
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 DETERMING MY FITNESS FOR EMPLOYMENT