

## DANIELS 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 anyway 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.

DANIELS 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 Licensed

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:

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 #

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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 \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Job applied for: Job Title \_\_\_\_\_

Location \_\_\_\_\_

How did you first learn of this position?

- Newspaper ad or Journal ad                       Community Organization  
 Friend     Job Service  
 Female, minority, or disabled referral organization       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

**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am an applicant for a position with the \_\_\_\_\_. I am required to furnish information which this agency may use in determining my moral, physical, mental and financial qualifications. In this connection, I hereby expressly authorize release of any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking employment and any organization, company, institution or person furnishing information to that agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Signature

Print Full Name: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_  
Present Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip



# Consent to Release Driving Record & Non-identifiable Personal Information Request

P.O. Box 201430, Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816 • [www.doimt.gov](http://www.doimt.gov) • [DriverLicense@mt.gov](mailto:DriverLicense@mt.gov)  
Please **PRINT**.

This form authorizes the Department of Justice, Motor Vehicle Division, to release my driving record to another person or entity.

Name on Driving Record: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residing at: \_\_\_\_\_

I hereby authorize the Department of Justice to release my driving record to the following individual or entity:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities):

- I have read the Montana Driver Protection Act, § 61-11-501 through 61-11-516, Montana Code Annotated, and understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

This is my legal signature

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_