



Application for Employment Last Name _____

It is the policy of the Town of Stevensville to consider applicants for all positions without a regard to race, color, religious beliefs, creed, sex, national origin, age, marital or veteran status, political beliefs, genetic information, the presence of a non-job related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the Town of Stevensville.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:		
Street Address:				
Email address:	Home Phone:	Work Phone:	Cell Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do any of your relatives work for the Town of Stevensville?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name?		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:		
How did you learn about this employment opportunity at _____? Check all that apply: <input type="checkbox"/> Ad in newspaper				
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Job Service				
<input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:				

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying. Attach additional sheet(s) if needed.					



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SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert). Attach additional sheets if necessary.

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WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."
PLEASE NOTE: Town of Stevensville reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:



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Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:



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References			
<i>Please list three professional references. Two should be employer references</i>			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

ACKNOWLEDGEMENT

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application whether on this document or not, is true and complete. I understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that I will be required to sign an authorization to release information if I am considered for employment.

If offered employment with the Town of Stevensville, I understand that I must comply with all of the Town's policies, rules and procedures.

Applicant Signature: _____

* If application is submitted via e-mail, applicant will be required to sign this page if given the opportunity to participate in an interview.

Date: _____



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VOLUNTARY EQUAL OPPORTUNITY REPORTING INFORMATION

The information you provide on this form is collected in compliance with State and Federal law to determine if the Town’s hiring practices are discriminating against any group. The information will be separated from the application and will not be used in making any hiring decisions. Thank you for your cooperating.

Position Applying for:	Applicant Name:

PLEASE CHECK ONE OF THE DESCRIPTIONS BELOW CORRESPONDING TO THE ETHNIC GROUP WITH WHICH YOU MOSTLY IDENTIFY:

- White - a person having origins in any of the original people of Europe, North America or the Middle East.
- Black - a person having origins in any of the Black racial groups of Africa.
- Hispanic - a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander - a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including the Pacific Islands. This are includes, for example, China, India, Japan, Korea, the Philippines or Samoa.
- American Indian or Alaskan Native - a person having origins in any of the original people of North America, South America and Central America who maintain tribal affiliation or community attachment.

SEX: **MALE** **FEMALE**

WHERE DID YOU LEARN OF THIS POSITION?

- Town of Stevensville website or other online source not listed below
- Newspaper (online or printed)
- Word of Mouth
- Job Service (online or in person)
- Other (please identify) _____



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EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

The Montana Veterans' Public Employment Preference Act and Persons with Disabilities Public Employment Preference Act allow eligible applicants to request a hiring preference when applying for a position with a public employer. Applying for a preference is voluntary, and all information related to a preference will be kept confidential. Public Employers will only use this information during the hiring process and will maintain the information in a separate confidential file. Applicants who wish to claim an employment preference must complete and return this form along with their completed employment application.

Applicants requesting preference must provide the appropriate documentation along with their application to verify eligibility.

Contact the local Job Service Workforce Center for details on veterans' preference or the local Montana Vocational Rehabilitation Services Office for details on obtaining a disability preference certification.

1. To claim Veterans' Employment Preference you must be a U.S. Citizen and (check one of the boxes below):

- A Veteran, if
1. you were separated under honorable conditions, AND you 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 badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who 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 were separated under honorable conditions from military duty, AND
2. you have an established Armed Forces service-connected disability OR are receiving compensation, disability retirement 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 or her from working.

The unremarried surviving spouse of a veteran or disabled veteran.

- The mother of a veteran, if
1. the veteran died 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.

2. To claim Montana Persons with Disabilities Employment Preference, you must be (check one of the boxes below):

A person with a disability certified by DPHHS, OR

The spouse of a totally (100%) disabled person certified by DPHHS AND have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. In the box below, check the attachment you have included to document your eligibility for employment preference.

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

SIGNATURE (typed or written):

DATE SIGNED: