

SPECIALSKILLS

Please describe your skills with hand and power tools, office machines, calculators, copying machines, work processors, computers, computer software, typing and shorthand speed, and proficiency, special secretarial skills, or skills required for the position applied for:

EMPLOYMENT HISTORY

Current Employer: _____
Address: _____ Phone: _____
Date Employed: From _____ to _____
Position: _____ Salary: _____
Describe Work Performed: _____ Reason for Leaving: _____

Past Employer: _____
Address: _____ Phone: _____
Date Employed: From _____ to _____
Position: _____ Salary: _____
Describe Work Performed: _____ Reason for Leaving: _____

Past Employer: _____
Address: _____ Phone: _____
Date Employed: From _____ to _____
Position: _____ Salary: _____
Describe Work Performed: _____ Reason for Leaving: _____

Past Employer: _____

Address: _____

Phone: _____

Date Employed: From _____ to _____

Position: _____

Salary: _____

Describe Work Performed: _____ Reason for Leaving: _____

Past Employer: _____

Address: _____

Phone: _____

Date Employed: From _____ to _____

Position: _____

Salary: _____

Describe Work Performed: _____ Reason for Leaving: _____

LIST ANY LICENSES AND/OR CERTIFICATIONS CURRENTLY HELD:

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Chinook, I am required to furnish information which this agency may use in determining my qualifications. In this connection, I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge. I understand also, that I am required to abide by all rules, regulations and policies of the employer.

SIGNATURE OF APPLICANT

DATE

VETERANS' EMPLOYMENT PREFERENCE ACT AND HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE

IF YOU ARE CLAIMING PREFERENCE UNDER THE VETERANS' EMPLOYMENT PREFERENCE ACT OR THE HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE ACT, PLEASE COMPLETE THE FOLLOWING QUESTIONS.

Veterans' Employment Preference provides the addition of 5 percentage points or 10 percentage points to the applicant's score when a numerically scored selection procedure is used.

To claim Veteran's Employment Preference you must be a U.S. Citizen and (check one of the box es below):

A Veteran If

You have been separated under honorable conditions, AND

You have served more than 180 consecutive days of active duty other than training in the Army, Air Force, Navy, Marines or Coast Guard (not including National Guard or Reserves)

A Disabled Veteran, If

You have been separated under honorable conditions, AND

You have an established Armed Force, service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veteran Affairs or military department, OR, you have received a purple heart.

The spouse of a disabled veteran if the veterans' disability prevents him/her from working OR the unremarried surviving spouse of a veteran or disabled veteran OR the mother of a veteran, if

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

Your HUSBAND is totally and permanently disabled, OR you are the unremarried widow of the father of the veteran.

You may claim Handicapped Persons' Employment Preference as (check one of the boxes below)

A handicapped person certified by SRS.

The spouse of a totally (100%) disabled person certified by SRS.

If you checked one of the above boxes for Handicapped Persons' Employment Preference Act:

ARE YOU A MONTANA
RESIDENT?

YES

NO

If yes, date residence was established: _____

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 City'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 cooperation.

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 peoples 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 area 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 peoples of North America, South America and Central America who maintain tribal affiliation or community attachment.

SEX: MALE FEMALE

AGE AS OF LAST BIRTHDAY: _____

WHERE DID YOU LEARN OF THIS POSITION?

ON-LINE ACCESS

NEWSPAPER AD

WORD OF MOUTH

LOCAL JOB SERVICE

OTHER (Please Identify):