

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

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

Service-connected disability letter

DPHHS Disability Certification

A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

SIGNATURE (typed or written):

DATE SIGNED:

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):