



Employment Application

The City of Polson is an equal opportunity employer. Applicants will not be barred from employment, or be discriminated against in compensation or in a term, condition, or privilege of employment based on race, religion, color, age, sex, national origin, citizenship, marital status, mental or physical disability, or any other classification protected by law unless the reasonable demands of the position requires an age, physical or mental disability, marital status, or sex distinction (MCA 49-2-303). Consistent with the provisions of the Americans with Disabilities Act, applicants may request accommodation needed to participate in the application process.

Personal Information

Name (First, MI, Last) _____ Date _____

Address Apt. # _____

Mailing address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

General Information:

Have you been convicted of a felony?, _____. A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying. Type of felony: _____

Education & Training

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters ____ Doctorate ____

Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)	Average Grade
Last High School Attended/Address:	N/A		

College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			
List any scholarships, academic honors, awards or special achievements:			
Skills			

Please list any skills you have that are appropriate for the position you are applying for:

If required, will you work? Rotating shifts YES NO Saturdays YES NO Sundays YES NO

Overtime YES NO

Position applying for, be specific: _____

Date you can start ____/____/____

Do you have a driver's license ? YES NO

Are you over 18? YES NO

State why you believe you are qualified for this position

Employment History

Starting with your PRESENT or MOST RECENT EMPLOYER, list all employment for at least the past **THREE** employers in consecutive order. If currently employed, may we contact your employer? YES
NO

Full Name Of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

Full Name Of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		

List jobs held, duties performed, skills used and promotions while employed at this company:

Employment History (Continued)

Full Name Of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		

List jobs held, duties performed, skills used and promotions while employed at this company:

References

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Applicant Affidavit

1. I certify that all statements given by me on this application, on my resume or other supplementary material are true and correct without omission. I understand that falsification or omission of any information required by this form is sufficient grounds for immediate disqualification of candidacy or termination of my employment by City of

Polson if I should be hired. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

2. I understand that should employment be extended to me, I may be requested to provide consent to additional job related examination or investigations. This application is not an offer of employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify that I have read, fully understand and accept all terms of the above statements.

Date: _____

Applicant: _____

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: