

Employment Application

The City of Polson is an <u>equal opportunity employer</u>. 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.

Name (First, MI, Last)			Date
Address Apt. #			
Aailing address			
City			StateZip_
Phone	E-mail		
Fircle last grade completed - Grade 1 2	3 4 5 6 7 8 9 10 11 ′		
ircle last grade completed - Grade 1 2	3 4 5 6 7 8 9 10 11 ′	2 College 1 2 3 4 M Major Course Studied	Graduated or Degree
Sircle last grade completed - Grade 1 2	3 4 5 6 7 8 9 10 11 ′	Major Course	
Education & Training Circle last grade completed - Grade 1 2 Name & Address of School Last High School Attended/Address: College or University	3 4 5 6 7 8 9 10 11 1	Major Course Studied	Graduated or Degree

lease list any skills you have th	hat are approp	oriate for the	position	you a	re applying for
required, will you work? Rotat	ting shifts 🗌 Y	∕ES □ NO S	Saturdays	s 🗆 Y	ES \square NO Sundays \square YES \square NO
vertime 🗆 YES 🗆 NO					
ate you can start/	/				
o you have a driver's license?	? 🗆 YES 🗆 N	10			
re you over 18? 🗆 YES 🗆 NO)				
ate why you believe you are o	qualified for thi	is position			
Employment History					
tarting with your PRESENT					
carting with your PRESENT					nployer? YES NO Employment From/To
carting with your PRESENT onsecutive order. If currentle Full Name Of Company					nployer? YES NO
earting with your PRESENT onsecutive order. If currentl Full Name Of Company Area Code) Telephone				our en	nployer? YES NO Employment From/To
carting with your PRESENT onsecutive order. If currentle Full Name Of Company Area Code) Telephone Street Address Name & Title of Supervisor	ly employed, City	may we co	ontact yo	our en	employer? YES NO Employment From/To (Mo/Yr to Mo/Yr)
arting with your PRESENT onsecutive order. If currentle Full Name Of Company Area Code) Telephone Street Address Name & Title of Supervisor Title of your Position	City	State	Zip	Rea	employer? YES NO Employment From/To (Mo/Yr to Mo/Yr)
carting with your PRESENT onsecutive order. If currentle Full Name Of Company Area Code) Telephone Street Address Name & Title of Supervisor Fitle of your Position	City	State	Zip	Rea	Employment From/To (Mo/Yr to Mo/Yr) son for Leaving:
arting with your PRESENT onsecutive order. If currentle Full Name Of Company Area Code) Telephone Street Address Name & Title of Supervisor Title of your Position List jobs held, duties perform	City	State	Zip	Rea	Employer? YES NO Employment From/To (Mo/Yr to Mo/Yr) Son for Leaving: Employed at this company: Employment From/To
arting with your PRESENT onsecutive order. If currentle Full Name Of Company Area Code) Telephone Street Address Name & Title of Supervisor Title of your Position List jobs held, duties performance.	City	State	Zip	Rea	Employment From/To (Mo/Yr to Mo/Yr) son for Leaving: le employed at this company:
carting with your PRESENT onsecutive order. If currently area Code) Telephone Street Address Name & Title of Supervisor Title of your Position List jobs held, duties performance of Company Area Code) Telephone	City	State	Zip	Rea	Employer? YES NO Employment From/To (Mo/Yr to Mo/Yr) Son for Leaving: Employed at this company: Employment From/To
onsecutive order. If currentle Full Name Of Company (Area Code) Telephone Street Address Name & Title of Supervisor Title of your Position	City City City	State sed and pro	Zip	Rea	Employment From/To (Mo/Yr to Mo/Yr) Ison for Leaving: Ie employed at this company: Employment From/To (Mo/Yr to Mo/Yr)

Application Revised: 03/10/21

Employment Histo	ry (Continued)	1				
Employment mate	ry (Gommaca)	<u></u>				
Full Name Of Compar	ıy			Employment From/To (Mo/Yr to Mo/Yr)		
(Area Code) Telephor	ie			(110, 11 0 1110, 11)		
Street Address	City	State	Zip	Reason for Leaving:		
Name & Title of Super	rvisor					
Title of your Position						
List jobs held, duties p	erformed, skills i	used and pr	omotion	s while employed at this company:		
References						
Name			Title			
Company Add			Addre	ess		
City			State	Zip		
Relationship			Phon	е		
Name			Title			
Company			Addre	ess		
City			State	Zip		
Relationship			Phon	e		
Name			Title			
Company			Addre	ess		
City			State	Zip		
Relationship			Phon			

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.
- 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: _	 	 	

SUBMIT COMPLETED APPLICATION TO: Cora Pritt, City Clerk

City of Polson 106 1st St East Polson MT 59860