

**MINERAL COUNTY
EMPLOYMENT APPLICATION
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law.

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On each sheet write your name and job title for which you are applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1,2, and 3 blank and complete these sections each time you apply. You must sign and date in ink each application you submit. LATE, INCOMPLETE, OR UNSIGNED applications will not be considered.

All APPLICATION SUBMISSIONS REQUIRE A RÉSUMÉ AND LETTER OF INTEREST AND MUST BE RETURNED TO HUMAN RESOURCES.

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted (supplemental questions, transcripts, Employment Preference Form, etc.); (b) the required special qualifications or licenses; and (c) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to reasonable accommodations. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job, or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request accommodation when needed.

Employment Preference: The Veterans' Employment Preference Act and the Persons with Disabilities Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an Employment Preference Form at the end of this application and attach necessary documentation. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service.

Name: _____ Position applying for: _____

Social Security No.: _____ Department: _____

Mailing Address: _____

Physical Address: _____

Phone No.: _____

My signature below certifies that all information on this and all attached pages are true, correct, and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with the County or, if hired, may be grounds for termination at a later date. Employers may be contacted for references.

Signature: _____ Date Signed: _____

EDUCATION: You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) if all relevant blocks are completed and the same format is followed.

High School Name and Address _____

Received Diploma or Equivalency Certificate? YES NO

If you chose NO above, please enter the highest grade that you completed _____

College, University, other Schools & training Courses Name and location	Dates Attended	Degree/Certificate Received? If YES, Date Received	Major/Minor Field	Credits Earned- Indicate Quarter or Semester

List current professional licenses, registration or certifications

Licensing Agency: Name and Location	Type of License	Endorsement/Restriction	Date Lisenced

List other skills, education, experience, and abilities below. You may also include a list of equipment you know how to use.

EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. Begin with your present or most recent experience. Include military service that would help you qualify. You may continue this section on a separate piece of paper, following the same format with your name and job title for which you are applying on each sheet. ***This information must be completed even with the submission of your résumé.***

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? YES NO

Name & Complete Address of Employer

Your Job Title: _____

Type of Business: _____ Dates Employed ____/____ to ____/____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs Per Week _____ Total Time Employed ____ Years/Mo ____ Full-Time Part-Time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments: _____

Reason for Leaving: _____

Name & Complete Address of Employer

Your Job Title: _____

Type of Business: _____ Dates Employed ____/____ to ____/____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs Per Week _____ Total Time Employed ____ Years/Mo ____ Full-Time Part-Time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments: _____

Reason for Leaving: _____

Name & Complete Address of Employer

Your Job Title: _____

Type of Business: _____

Dates Employed ____/____ to ____/____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs Per Week _____ Total Time Employed _____ Years/Mo _____ Full-Time Part-Time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments: _____

Reason for Leaving: _____

Name & Complete Address of Employer

Your Job Title: _____

Type of Business: _____

Dates Employed ____/____ to ____/____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs Per Week _____ Total Time Employed _____ Years/Mo _____ Full-Time Part-Time Volunteer

Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments: _____

Reason for Leaving: _____

EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities 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 (typed or written) _____ Date signed _____

BACKGROUND CHECK
CONSENT AND RIGHTS RELEASE

As an applicant who is the subject of a national finger-print based criminal history record check for a criminal justice purpose (such as employment, direct access to confidential criminal justice information, or unescorted physical access), you have certain rights which are discussed below.

- You must be provided written notification⁸ by Montana Department of Justice that your finger prints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.⁹
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

Upon proof of identity, officials of Montana Department of Justice may provide you with a copy of your FBI criminal history record for review and possible change. There will be no fee for this copy if you obtain it from Montana Department of Justice. You may also obtain a copy of the record by submitting fingerprints AND a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternately, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (see 28 CFR 16.30 through 16.34)

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for criminal purposes.

Signed:

Date

Printed Name

Date of Birth

Certification and Release of Information

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment.

I further authorize Mineral County to contact any and all individuals listed in this application as past employers or personal reference as well as other individuals who have knowledge of my character and behavior patterns. I hereby authorize said third parties to convey to Mineral County any records, reports, evaluations or opinions in their possession which may be pertinent to this application. I understand that all information provided in this application is subject to verification and that all personal data information (i.e. Date of Birth, Social Security Number, etc), may be used in conducting background checks.

I further understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in this application or any job interview(s) may result in my discharge. I also understand that, if employed, I will be required to abide by all rules and regulations of Mineral County and applicable statutes of the State of Montana.

Printed Name of Applicant _____ Signature of Applicant _____

Date of Signature _____

