

**MINERAL COUNTY  
EMPLOYMENT APPLICATION**

**COUNTY USE:**

**AN EQUAL 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.

Published on August 1, 2022

**IMPORTANT:** Please **type or print in ink**. You may respond to sections 4, 5, and 9 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On each sheet, write your name and the job title of the position(s) for which you are applying. You must sign and date, in ink, each application you submit. A resume and letter of interest are required.

**This completed application must be returned to Mineral County Human Resources.**

**LATE, INCOMPLETE or UNSIGNED applications will not be considered.**

**PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND:** (a) what attachments must be submitted (supplement questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (c) the required special qualifications or licenses; (d) 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 an accommodation when needed. A description of the selection process and the essential job duties is included in the vacancy announcement.

**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 the eligible relatives thereof. **An applicant claiming employment preference must complete an Employment Preference Form, available through Human Resources or your local Montana Job Service.** The applicant must indicate at the bottom of page five (5) that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for detail on obtaining disabilities preference certification. For more information, contact your local Job Service.

**1. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers: Cell:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**2. What position are you applying for? (See Job Vacancy Announcement)**

**Position:** \_\_\_\_\_

**Department:** \_\_\_\_\_

3. Have you ever been convicted of a crime involving theft, abuse, neglect, or mistreatment of an individual or any other felony/misdemeanor - (except: routine traffic violations)? A conviction will not necessarily disqualify you from the position.

**Yes**    **No**   **If yes, list on a separate sheet of paper the convictions.**

4. My signature below certifies that all information on this and all attached pages (checked below) 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 Mineral County or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. In the spaces below, I have checked attachments, including those required in the job vacancy announcement. I understand that, if I am the final applicant for the applied position, a criminal background check may be conducted, and the results thereof may disqualify me from consideration for employment with the County.

Responses to Supplemental Questions    Transcript    DD-214    Resume    DPHHS Certification

Typing / Ten-key Certification    Other (specify): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

5. **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: \_\_\_\_\_

College, University, Other Schools & Training Courses Name and Location	Dates Attended	Did you receive a degree or certificate?	Date Received	Major or Minor Field	Credits Earned- Indicate Quarter or Semester Hours

6. List Current Professional Licenses, Registrations, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency Name and Location	Type of License	Endorsement / Restrictions (if applicable)	Date Issued

7. If applying for skilled crafts jobs, are you a recognized journey level worker?  Yes  No

If yes, What apprenticeship? \_\_\_\_\_ Number of years: \_\_\_\_\_

8. Special Skills – check the skills you possess. Specify speed/errors where requested.

- Typing \_\_\_\_/\_\_\_\_  
  Data Entry \_\_\_\_/\_\_\_\_  
  Ten Key \_\_\_\_/\_\_\_\_  
  Legal Terminology  
 Medical Terminology.  Other: \_\_\_\_\_

Computer Programming Languages (specify):

\_\_\_\_\_

Computer Software:

\_\_\_\_\_

Equipment: List types of equipment you can operate and specify name or model you have used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position which you are applying. Begin with your present or most recent experience. Include military service that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and follow the same format as below. On each sheet write your name and job title for which you are applying.

**This information must be completed**

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

Name & Complete Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

May we contact this employer:  Yes  No

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Avg Hours per Week: \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Full-time |  Part-time |  Volunteer

Immediate Supervisor:  
\_\_\_\_\_

**Describe your duties in detail:**(knowledge, skills, abilities required, employees supervised, accomplishments, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Check if this is your current employer :

\_\_\_\_\_

Name & Complete Address of Employer: _____ _____ _____	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number: _____	Dates Employed: _____ to _____
Job Title: _____	Avg Hours per Week: _____
	Total Time Employed: _____
	<input type="checkbox"/> Full-time   <input type="checkbox"/> Part-time   <input type="checkbox"/> Volunteer
	Immediate Supervisor: _____
<b>Describe your duties in detail:</b> (knowledge, skills, abilities required, employees supervised, accomplishments, etc) _____ _____ _____ _____	
Reason for Leaving or Check if this is your current employer <input type="checkbox"/> : _____	

Name & Complete Address of Employer: _____ _____ _____	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number: _____	Dates Employed: _____ to _____
Job Title: _____	Avg Hours per Week: _____
	Total Time Employed: _____
	<input type="checkbox"/> Full-time   <input type="checkbox"/> Part-time   <input type="checkbox"/> Volunteer
	Immediate Supervisor: _____
<b>Describe your duties in detail:</b> (knowledge, skills, abilities required, employees supervised, accomplishments, etc) _____ _____ _____ _____	
Reason for Leaving or Check if this is your current employer <input type="checkbox"/> : _____	

Name & Complete Address of Employer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

May we contact this employer:  Yes  No

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Avg Hours per Week: \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Full-time |  Part-time |  Volunteer

Immediate Supervisor:  
\_\_\_\_\_

**Describe your duties in detail:**(knowledge, skills, abilities required, employees supervised, accomplishments, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Check if this is your current employer :

\_\_\_\_\_

Name & Complete Address of Employer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

May we contact this employer:  Yes  No

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Avg Hours per Week: \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Full-time |  Part-time |  Volunteer

Immediate Supervisor:  
\_\_\_\_\_

**Describe your duties in detail:**(knowledge, skills, abilities required, employees supervised, accomplishments, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Check if this is your current employer :

\_\_\_\_\_

**APPLICANT SURVEY**

Title VII of the U.S. Civil Rights Act requires Mineral County to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This survey information will be separated from the application, kept confidential, and used only for statistical reports, background checks, and other lawful uses. Analysis of the information you and others provide may be used to monitor recruitment and selection practices in County government.

<p>Name: _____</p> <p><input type="checkbox"/> Male   <input type="checkbox"/> Female</p> <p>Social Security Number: _____</p>	<p><b>Job Applied For:</b></p> <p><b>Position:</b> _____</p> <p><b>Department:</b> _____</p>
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How did you first learn of this position?

<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Job Service Posting
<input type="checkbox"/> A friend/employee	<input type="checkbox"/> Internet Listing
<input type="checkbox"/> Posted in County Building	<input type="checkbox"/> Professional Publications
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____

Race/Ethnicity

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
<input type="checkbox"/> Two or More Races	

**Veteran or Disability Status**

Person with a Disability:       Yes    No

Check the one box that best describes your veteran status:

<input type="checkbox"/> Disabled Vietnam Era Veteran	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Veteran of Persian Gulf War
<input type="checkbox"/> Disabled Veteran of Other Campaign/War Era	<input type="checkbox"/> Veteran of Other Campaign/War Era	<input type="checkbox"/> Other Veteran
<input type="checkbox"/> Other Disabled Veteran	<input type="checkbox"/> Other Veteran	

Check the one box that best describes your status as a preference eligible relative:

<input type="checkbox"/> A Spouse of Disabled Veteran	<input type="checkbox"/> Mother of a Veteran	<input type="checkbox"/> Spouse of totally (100%) Disabled Person
<input type="checkbox"/> Unmarried Surviving Spouse of a Veteran or Disabled Veteran		

Do you have a certification from the Montana Department of Public Health and Human Services for Persons with Disabilities Employment Preference?  Yes    No

**PLEASE PROVIDE 3 PROFESSIONAL REFERENCES**

(A professional reference is a reference from a person who can vouch for your qualifications for a job. A professional reference is typically a former employer, a colleague, a client, a vendor, a supervisor, or someone else who can recommend you for employment.)

**Please print legibly**

1.

Name:
Address:
City:
State:
Zip:
Phone:
Email:

2.

Name:
Address:
City:
State:
Zip:
Phone:
Email:

3.

Name:
Address:
City:
State:
Zip:
Phone:
Email:



MINERAL COUNTY SHERIFF'S OFFICE  
Ryan Funke - Sheriff | Wayne Cashman – Undersheriff

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310 River Street, Superior, Montana 59872 406.822.3555  
<https://co.mineral.mt.us/departments/sheriff/>

**SUPPLEMENTAL FORMS  
MUST BE SIGNED IN FRONT  
OF A NOTARY & BE  
NOTARIZED**