



Employment Application

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

INSTRUCTIONS: You may complete this application by filling it on your computer, then saving and printing the completed form. If you prefer, you may print the application and fill it in manually. Be sure to sign it before delivering or mailing it to the agency address on the job listing. An application tailored to the position is to your advantage.

LATE, INCOMPLETE or UNSIGNED applications will NOT be considered.

This agency is committed to making reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please notify us at the time of need.

THE VETERANS' EMPLOYMENT PREFERENCE ACT AND THE DISABILITY PERSONS' EMPLOYMENT PREFERENCE ACT provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining handicapped person's certification. Contact your local Veteran's Affairs Office (Department of Military Affairs) for details on obtaining veteran's preference certification. For more information, contact your local Job Service. If you are claiming either employment preference, you must complete the Employment Preference Form.

Personal Information

Name (First, MI, Last) _____ Date _____

Social Security Number: _____

Address Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Do you have a valid driver's license? Yes No

If required, will you work?

Rotating shifts YES NO Saturdays YES NO Sundays YES NO Overtime YES NO

Position applying for, be specific: _____ Salary Requirements \$ _____ per hour per month

Date you can start ___/___/___

State fully why you believe you are qualified for this position

CITY OF RED LODGE

1 PLATT AVENUE SOUTH, P.O. BOX 9, RED LODGE, MONTANA 59068



General Information:

Have you been convicted of any felonies other than minor traffic violations during the past seven years?

Yes No

List any criminal convictions _____

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

Professional Licenses, Registration or Certificates (EMT, GVW, Diver, POST, etc.)

Name and Complete Address of Licensing Agency _____

Special Skills

Accident Investigation Legal Terminology Medical Terminology Photo Skills

Computer Software _____

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

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Equipment

List types of equipment you can operate and specify name or model you have used such as radio equipment, computers, video equipment, alcohol consumption testing equipment, etc.

Experience

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper provided you answer all questions in the blocks and follow the same format. On each sheet, write your name and the job title for which you are applying. This information must be completed even if you submit a resume.

Notice to applicants: Information that you provide on this application is subject to verification. **EMPLOYERS MAY BE CONTACTED AS REFERENCES.**

Do you want to be informed before we contact your present 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:		

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Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		



Applicant Affidavit

1. My signature below certifies that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.
2. 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.
3. I understand that should employment be extended to me, I may be subject to the satisfactory results of any job-related pre-employment examination required by the City of Red Lodge and my signature indicates my consent to such testing.
4. I acknowledge that I have been advised that I may be required to submit to a drug screen test as a requirement of the company's pre-employment background check program or part of the company's drug testing program. I further understand that the Drug and Alcohol Abuse policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy.

Additionally, a refusal to test, failure to submit adequate urine for test, or adulterated sample, constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that it is my responsibility prior to the drug testing to inform the laboratory and/or City of Red Lodge of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I consent to the release of the results of any drug test to authorized representatives of City of Red Lodge for appropriate review. I release City of Red Lodge, or any testing agency retained by it, its affiliates, Officers, employees and any person affiliated with the testing from any claims, losses, damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing.

I acknowledge that the Drug and Alcohol Policy of the City of Red Lodge is to have a drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Drug and Alcohol Policy. I also understand that although I may not agree with the Drug and Alcohol Policy of the City of Red Lodge, failure to acknowledge the policy with my signature below may prohibit my employment with the City of Red Lodge. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

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.

Signature _____ Date _____