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BLAINE COUNTY EMPLOYMENT APPLICATION 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.

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.

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; and (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.

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, available through your local Montana Job Service. The applicant must indicate at the bottom of page one of this application form that the necessary documentation is attached. 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.

l. Name _				2. What position are you applying for?			
	Last	First	MI	(Please see Job Vacancy Announcement.)			
Social Securit	ty No						
Address				Department _			
	Street						
City		State	Zip	Position Title			
Phone No				Joh Location			
Work Home				Job Location			
complete to t misrepresenta for terminatio	the best of ations may on at a lat	my knowledge a disqualify me fron	nd contain r n consideration ers may be o	no willful falsifications on for employment wit contacted as reference	ages (checked below) are true, correct and s or misrepresentations. Falsifications or th the County or, if hired, may be grounds s. In the spaces below, I have checked		
☐ Responses to Supplement Questions ☐ Employment Preference Form/Documentation ☐ Other (please specify)				□ Résumé	☐ Typing/Ten-key Certification☐ Additional Employment Experience		
SIGNATURE	<u> </u>		DATE S	IGNED:			

4. EDUCATION: You title for which you are ap	may respond to oplying) if all re	this section on a levant blocks are c	separate shee	t of paper (on each sho I the same format is fol	et write your name and Job Jowed.	
High School Name and						
Received Diploma or Ec	quivalency Cer	tificate?	Yes No)		
If you chose "No" above, 1	please enter the	highest grade tha	t you complet	ed		
College, University, Other Schools & Training Courses Name and Location	Dates Attended	Degree/ Certificate Received?	Degree, Certifica Date		Credits Earned- Indicate Quarter or Semester Credits	
Time D. C.						
List current Professiona Licensing a Name and L		-	ineering, medical, CPA Endorsement/Restric (If Applicable)			
List other skills, educat ow to use. (If you need mo	tion, experience ore space, conti	e and abilities belo nue on an attached	ow. You may I sheet of pap	also include a list of e	equipment that you know	

7. 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 sheet of paper if all the same format is followed. Include your name and the job title for which you are applying on each sheet. This information must be completed even if a resume is submitted. 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. ____ 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 _____ Yrs/Mo____ D Full-Time D Part-Time Volunteer Describe your duties, including knowledge, skills, abilities required, employees supervised, and accomplishments: Reason for Leaving:

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Your Job Title							
Type of Business		s Fmployed	/	to	/		
	Phone No						
Avg. Hrs. Per Week Total	Time Employed	Yrs/Mo	🗆 Full-	Γime □ Part-	Time 🗖 Voluntee		
Describe your duties, including knowledge, s	skills, abilities required, ei	nployees supervi	ised, and acco	mplishments:			
Reason for Leaving:							
0							
Name & Complete Address of E	mployer						
							
Your Job Title							
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Type of Business							
Immediate Supervisor(s)							
Avg. Hrs. Per Week Total T					ime 🗆 Volunteer		
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eason for Leaving:							