



**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 and 5 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 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.

1. Name \_\_\_\_\_  
 Last First MI  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Work Home

2. What Position are you apply for?  
 Department: \_\_\_\_\_  
 Position Title: \_\_\_\_\_  
 Job Location: \_\_\_\_\_

3. My signature below certifies 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 Blaine 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 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 Supplement Questions
- Employment Preference Form/Documentation
- Additional Employment Experience
- Other (please specify) \_\_\_\_\_
- Typing/Ten-key Certification
- Résumé
- Transcript

**SIGNATURE:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_

4. **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*

**Did you receive 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?	Degree/Certificate Date	Major/Minor Field	Credits Earned- Indicate Quarter Semester Credits


List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency: Name and Location	Type of License	Endorsement/Restriction (If Applicable)	Date Licensed

List other skills, education, experience and abilities below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)


**5. EMPLOYMENT 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 you provide on this application is subject to verification. Your current and past employers may be contacted as references.

**Do you want to be informed before we contact your current and past employers?**    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 \_\_\_\_\_ Yrs/Mo

Full-Time  Part-Time  Volunteer

Describe 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

Full-Time  Part-Time  Volunteer

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

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Reason for Leaving: \_\_\_\_\_

***Name & Complete Address of Employer:***

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

Type of Business: \_\_\_\_\_

Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Immediate Supervisor(s): \_\_\_\_\_

Phone No. \_\_\_\_\_

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Avg. Hrs. Per Week \_\_\_\_\_ Total Time Employed \_\_\_\_\_ Yrs/Mo

Full-Time  Part-Time  Volunteer

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

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Reason for Leaving: \_\_\_\_\_

***Name & Complete Address of Employer:***

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

Type of Business: \_\_\_\_\_

Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Immediate Supervisor(s): \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

Avg. Hrs. Per Week \_\_\_\_\_ Total Time Employed \_\_\_\_\_ Yrs/Mo

Full-Time  Part-Time  Volunteer

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

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

Reason for Leaving: \_\_\_\_\_

## MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Public Employment Preference Law (MCA 39-29-101 et. Seq., ARM 2-221-3601) or Montana Persons with Disabilities Employment Preference Act (MCA 39-30-103 et. Seq.), complete the following:

Veteran's Employment Preference provides the addition of 5 percentage points (veteran) or 10 percentage points (disabled veteran or handicapped) to the applicant's score when a numerically scored selection procedure is used. To claim Veteran's Employment Preference you must be a U.S. Citizen and (check one of the boxes below):

- A Veteran separated under honorable conditions
- A Disabled Veteran separated under honorable conditions
- The spouse of a disabled veteran if the veteran's disability prevents him/her from working
- The unremarried surviving spouse of a veteran or disabled veteran
- The mother of a veteran, IF THE VETERAN lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service-connected, permanent, and total disability

You may claim Montana Persons with Disabilities Employment Preference as (check one of the boxes below):

- A person with a disability person certified by DPHHS, or
- The spouse of a totally (100%) disabled person certified by DPHHS, and resides continuously in Montana for at least one year immediately before applying for employment

**NOTE:** If you claim a preference, **documentation must be attached**. Please check which attachments you have included:

- DD-214       DPHHS Certification       Other \_\_\_\_\_

**-READ CAREFULLY—**

Do Not Write On This Page

Please make sure all required information is included (see job vacancy announcement).

1. Did you sign and date your application?
2. Have you read the job announcement to see what attachments must be submitted?
3. Have you checked boxes in Section 3 to indicate what attachments you have included?
4. Did you indicate the specific Position Title in Section 2?
5. Did you include a complete address for each employer listed in Section 5?
6. If you are claiming Veterans Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation?
7. Did you attach all the application materials required by the vacancy announcement?