



## CITY OF COLSTRIP

P.O. BOX 1902  
COLSTRIP, MT 59323  
(406) 748-2300

# EMPLOYMENT APPLICATION

*It is the policy of the City of Colstrip to consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap or any other legally protected status unless related to a bona fine occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the City of Colstrip.*

Position Applied For: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Have you ever been employed by us before?  Yes  No

If Yes, Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Do you have a relative working for the City of Colstrip?  Yes  No

If Yes, Name: \_\_\_\_\_

Are you 18 Years or Older?  Yes  No

Do you claim veteran's preference?  Yes  No

If Yes, you must provide copy of legal documentation.

Are You Available to Work:  Full Time  Part Time  Temporary

Date you can Begin Work mm/dd/yyyy:

Yes  No

Have you been convicted of a felony?

If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Application For Employment

### EDUCATION

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Type of School	Name/Location	Major Course of Study	Diploma/Degree
High School:			
College:			
Technical/Other:			
Special Studies:			

### SPECIAL SKILLS

Please describe your skills with hand and power tools, office machines, calculators, copying machines, word processors, computers, computer software, typing and shorthand speed, special secretarial skills or any skills required for the position applied for:

### EMPLOYMENT HISTORY

**Attach an additional sheet if necessary.**

CURRENT EMPLOYER: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Employment Dates: mm/dd/yyyy \_\_\_\_\_ To \_\_\_\_\_

From Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Describe Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

# Application For Employment

PAST EMPLOYER: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Describe Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

PAST EMPLOYER: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Describe Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

PAST EMPLOYER: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Describe Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

# Application For Employment

## PERSONAL REFERENCES:

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

## LICENSES AND/OR CERTIFICATIONS CURRENTLY HELD


## AUTHORIZATION TO RELEASE INFORMATION

*As an applicant for a position with the City of Colstrip, I am required to furnish information which this agency may use in determining my qualifications. In this connection, I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me including information of a confidential or privileged nature. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.*

*I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge. I understand also that I am required to abide by all rules, regulations and policies of the employer.*

**Applicant's Signature:** \_\_\_\_\_

**Date:**(mm/dd/yyyy): \_\_\_\_\_

## VETERANS' EMPLOYMENT PREFERENCE ACT AND HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE

If you are claiming preference under the Veterans Employment Preference Act or the Handicapped Persons' Employment Preference Act, please complete the following questions.

Veterans' Employment Preference provides the addition of 5 percentage points or 10 percentage points to the applicant's score when a numerically scored selection procedure is used.

To claim Veterans' Employment Preference you must be a U.S. Citizen and (check one of the boxes below):

A Veteran if

- You have been separated under honorable conditions AND
- You have served more than 180 consecutive days of active duty other than training in the Army, Air Force, Navy, Marines or Cost Guard (not including National Guard or Reserves).

A Disabled Veteran if

- You have been separated under honorable conditions, AND
- You have an established Armed Forces, service-connected disability OR are receiving compensation, disability retirement benefits or pension from the U.S. Department of Veteran Affairs or military department OR you have received a purple heart.

The Spouse of a Disabled Veteran if the veteran's disability prevents him/her from working OR the unremarried surviving spouse of a veteran or disabled veteran OR the mother of a veteran if

- The Veteran lost his/her life under honorable conditions while serving in the Armed Forces OR the Veteran has a service-connected, permanent and total disability, AND
- Your spouse is totally and permanently disabled OR you are the unremarried widow of the father of the veteran.

You may claim Handicapped Person's Employment Preference as (check one of the boxes below):

- A handicapped person certified by SRS.
- The spouse of a totally (100%) disabled person certified by SRS.

If you checked one of the above boxes for Handicapped Persons' Employment Preference Act:

Are you a Montana resident?  YES  NO

If yes, date residency was established \_\_\_\_\_