

Fallon County, Montana

Application for Employment

Dear Applicant,

Thank you for considering a position with Fallon County! We are a local government dedicated to serving the people of Fallon County, Montana.

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, sex, religion, age, sexual orientation, national origin, disability, genetic information, pregnancy, age, protected veteran status, or any other characteristic protected by federal, state, or local laws.

Instructions

1. Applications are accepted for open recruitments only. If you are applying for more than one position, you must submit a separate application for each job opening.
2. Type or print legibly in ink.
3. Fill out the entire application by answering all questions. If a question is not applicable, enter "N/A". An incomplete application may disqualify you. **Do not indicate "See Resume."** Providing complete and accurate information on your education, work experience, and skills will help identify if you meet the minimum requirements for the position.
4. All information you provide is subject to verification.
5. Date and sign the application. If not signed, the application will not be complete nor accepted.
6. Your application must be received by the date and time indicated on the vacancy announcement.
7. Applications and supporting material will not be returned.
8. All applicants applying for positions which require a Commercial Driver License must read and sign the Consent for Pre-Employment Query of the FMCSA Drug & Alcohol Clearinghouse.

Montana Preference Law and 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:

To claim Veteran's Employment Preference you must be a U.S. Citizen and (check applicable box):

- 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 Handicapped Persons' Employment Preference as (check applicable box):

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

If you checked one of the above boxes for Handicapped Person's Employment Preference, are you a Montana resident? Yes No

If yes, date residency established: _____

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

- DD-214
- PHHS Certification
- Other

If you need an accommodation in the recruitment process please inquire directly with Human Resources.

Fallon County
Consent for Pre-Employment Query of the
Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse
(FOR DRIVING POSITIONS REQUIRING A CDL)

Fallon County is committed to adhering with all Federal and State statutes and regulations; we have therefore registered as an employer with the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse). In fulfilling our requirements as an employer, all applicants whose position requires a Commercial Driver License (CDL) must be a registered driver in the Clearinghouse and consent to a pre-employment query of the Clearinghouse.

I, _____, am an applicant for a position which requires a CDL. I hereby provide consent to Fallon County to conduct a full query of the Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I further understand if I refuse to provide consent for Fallon County to conduct a query of the Clearinghouse, my application will be rejected.

Signature_____

Date_____

Printed Name_____

Application for Employment

Fallon County, Montana

An Equal Opportunity Employer

Position Applied For:	
Name (First, Middle, Last):	
Mailing Address:	City, State and Zip Code:
Primary Phone Number:	Alternative Phone Number:
Email Address:	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you show verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide date(s) and position(s):	
Are you related to anyone currently working for Fallon County? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide name, department, and relationship (including spouse, in-laws):	
Do you want to be informed before we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available to begin work:	
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony that did or could have resulted in imprisonment in a Federal or State penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>(A criminal record does not preclude employment and will be considered only as it relates to the position)</small>	
How did you hear about this position? <input type="checkbox"/> Fallon County Times <input type="checkbox"/> Other newspaper _____	
<input type="checkbox"/> Fallon County Website <input type="checkbox"/> Job Service <input type="checkbox"/> Radio <input type="checkbox"/> Other _____	

I confirm all information I have provided in my application materials is true, complete, and correct. I also confirm that I have not omitted any information called for by this application. I understand any information I provide (or fail to provide) that is found to be false, incomplete or contains a misrepresentation in any respect may disqualify me from consideration employment or if hired, may be grounds for termination.

I expressly authorize, without reservation, Fallon County, its representatives, employees, or agents to contact and obtain information from all employers to verify the accuracy of all information provided by me in this application. I hereby waive all rights and claims I may have regarding Fallon County or its representative for seeking, gathering, and using such information in the employment process and all other persons or organizations for furnishing information about me.

I have read, fully understand, and accept all terms of the above Applicant Statement. I also understand if my application is not signed (typed or written) it will be considered incomplete, and I may be disqualified from consideration for this position.

Signature:

Date:

Education, Training and Licenses

High School name and address:

High School diploma: Yes No or GED

College, University & Other Schools Name and Location	Dates Attended Month/Year	Degree/Certificate Received and Date

Describe any specialized training, apprenticeships, or internships you attended/completed; please include location and dates of attendance:

List current Professional Licenses, Registrations or Certifications (engineering, medical, CPA, CDL, etc.); include licensing agency name, type of license, endorsement/restriction (if applicable) and date of licensure/registration/certification:

Specialized Skills – Office

- | | | | | |
|---------------------------------|--|--|--------------------------------|--------------------------------------|
| <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Excel | <input type="checkbox"/> Adobe Acrobat | <input type="checkbox"/> Word | <input type="checkbox"/> Power Point |
| <input type="checkbox"/> Access | <input type="checkbox"/> 10 Key Calculator | <input type="checkbox"/> Internet | <input type="checkbox"/> Email | <input type="checkbox"/> Publisher |

Other office equipment or software experience/skills:

Specialized Skills – Heavy Equipment and Related

- | | | | | |
|-------------------------------------|-------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Blade | <input type="checkbox"/> Scraper | <input type="checkbox"/> Semi-Truck | <input type="checkbox"/> Dozer |
| <input type="checkbox"/> Snowplow | <input type="checkbox"/> Skid Steer | <input type="checkbox"/> Loader | <input type="checkbox"/> Packer | <input type="checkbox"/> Manual Labor |

Other equipment or related skills:

Employment History: Start with your **most recent employer**. Include any job-related military service assignments and volunteer activities. If you need additional space, please continue with additional paper using the same format. This information must be completed even if a resume or application materials are submitted. The information you provide on this application is subject to verification. Previous employers may be contacted as references and for verification.

1. From: (mo/yr)	Employer's name and address:	Type of business:
To: (mo/yr)		Hours Per Week:
Job Title:	Supervisor's name & phone number:	
Reason for leaving:		
Describe your work in detail:		

2. From: (mo/yr)	Employer's name and address:	Type of business:
To: (mo/yr)		Hours Per Week:
Job Title:	Supervisor's name & phone number:	
Reason for leaving:		
Describe your work in detail:		

3. From: (mo/yr)	Employer's name and address:	Type of business:
To: (mo/yr)		Hours Per Week:
Job Title:	Supervisor's name & phone number:	
Reason for leaving:		
Describe your work in detail:		

4. From: (mo/yr)	Employer's name and address:	Type of business:
To: (mo/yr)		Hours Per Week:
Job Title:	Supervisor's name & phone number:	
Reason for leaving:		
Describe your work in detail:		

Please explain any periods of unemployment:
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