

**City of Harlowton
Employment Application**

The City of Harlowton is an equal opportunity employer. All candidates for employment are reviewed without regard to race, religion, color, age, sex, national origin, citizenship, marital status, veteran status, disability, or any other classification protected by law. Consistent with the provision of the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Today's Date: _____

Position Applying for: _____

PERSONAL INFORMATION

Name (First, MI, Last) _____

Address (Mailing and Physical) _____

Phone _____

Email _____

GENERAL INFORMATION

Have you been convicted of any felonies other than minor traffic violations during the past seven years? Y N
(A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)

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

Full Name of Company	Salary Begin/End	Employment date from/to
Telephone		
Address	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		

Full Name of Company	Salary Begin/End	Employment date from/to
Telephone		
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Title of your position		
List jobs held, duties performed, skills used and promotions while employed at this company		

APPLICANT AFFIDAVIT

- 1. I certify that all statements given by me on this application, on my resume or other supplementary material are true and correct without omission. I understand that falsification or omission of any information required by this form I sufficient grounds for immediate disqualification of candidacy or termination of my employment by the City of Harlowton. 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.
- 2. 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 Harlowton and my signature indicates my consent to such testing.

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

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the City of Harlowton, through their agent, which may include but not limited to the State of Montana, to obtain information related to past employment, employers, school activities, verification of education, criminal justice agencies, motor vehicle/registration departments, credit checks, professional licensing registries, or other relevant sources of information.

The information may include, but is not limited to, information about my academic achievement, performance, attendance, disciplinary, employment history, criminal history record information, credit screening, and driving and motor vehicle record.

I authorize the agent of choice by the City of Harlowton to disclose the record of my background investigation to my employer or prospective employer.

I authorize custodians of records and other sources of information pertaining to me to release such information regardless of any previous agreement to the contrary. I release my employer services, its officers, employees, and agents, from any liabilities resulting from release of such information.

Signature

Date

Full Name (Print Legibly) _____

Other Names Used: _____

Current Address: _____

Other State(s) cities of residency last 10 years: _____

Home Phone: _____

Work/Cell Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Drivers License Number & State: _____

EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the county will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

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

A Veteran, if

1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

A Disabled Veteran, if

1. you were separated under honorable conditions from military duty, **AND**
2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him or her from working.

The unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. the veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

A person with a disability certified by DPHHS, **OR**

The spouse of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. In the box below, check the attachment you have included to document your eligibility for employment preference.

DD-214 showing the character of discharge

DPHHS Disability Certification

Service-connected disability letter

A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

SIGNATURE (typed or written):