



**CASCADE COUNTY
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

For County Use

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. Published on June 7th, 2013.

IMPORTANT: Please **type** or **print** in ink. You may respond to sections 4, 5, and 9 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On each sheet, write your name and the job title of the position(s) 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; (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. A description of the selection process and the essential job duties is included in the vacancy announcement.

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 the eligible relatives thereof. **An applicant claiming employment preference must complete an Employment Preference Form, available through Human Resources or your local Montana Job Service.** The applicant must indicate at the bottom of page five (5) that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for detail on obtaining disabilities preference certification. For more information, contact your local Job Service.

<p>1.</p> <p>Name: _____</p> <p style="margin-left: 40px;">Last First M.I.</p> <p>Address: _____</p> <p style="margin-left: 100px;">Street</p> <p>_____</p> <p style="margin-left: 40px;">City State Zip Code</p> <p>Phone Number: _____</p> <p style="margin-left: 40px;">Work Home Cell</p>	<p>2. What position are you applying for? (See Job Vacancy Announcement.)</p> <p>Position: _____</p> <p>Department: _____</p> <p>Closing Date of Vacancy: _____</p>
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3. Have you ever been convicted of a crime involving theft, abuse, neglect, or mistreatment of an individual or any other felony/misdemeanor (except routine traffic violations)? A conviction will not necessarily disqualify you for the position.

Yes **No** **If yes, list on a separate sheet of paper the convictions.**

4. My signature below certifies that 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 Cascade 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 that, 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 Supplemental Questions Transcript DD-214 Resume DPHHS Certification

Typing/Ten-key Certification Other (specify) _____

Signature: _____ Date: _____

5. 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: _____

College, University, Other Schools & Training Courses Name and Location	Dates Attended	Did you receive a degree or certificate?	Date Received	Major or Minor Field	Credits Earned - Indicate Quarter or Semester Hours

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

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Issued

7. If applying for skilled crafts jobs, are you a recognized journey level worker? Yes No

If Yes, what apprenticeship? _____

Number of years: _____

8. Special skills - check the skills you possess. Specify speed/errors where requested.

Typing _____ / _____ Data Entry _____ / _____ Ten-Key _____ / _____ Legal Terminology Medical Terminology

Other: _____

Computer Programming Languages (specify): _____

Computer Software: _____

Equipment - List types of equipment you can operate and specify name or model you have used: _____

9. EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position which you are applying. **Begin with your present or most recent experience.** Include military service that would help you qualify. **List each promotion as a separate position.** You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and follow the same format as below. On each sheet write your name and job title for which you are applying.

This information must be completed even if a resume is submitted.

Notice to applicants: Information you provide on this application is subject to verification. Previous employers may be contacted as references.

May we contact your present employer? Yes No

Name & Complete Address of Employer	
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Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ Full-time Part-time Volunteer

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete Address of Employer	
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Your Job Title: _____ Dates Employed: _____ / _____ to _____ / _____

Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ Full-time Part-time Volunteer

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Immediate Supervisor: _____ Avg. Hrs. Per Week: _____ Total Time Employed: _____

Phone Number: _____ Full-time Part-time Volunteer

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving:

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires Cascade County to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This survey information will be separated from the application, kept confidential, and used only for statistical reports, background checks, and other lawful uses. Analysis of the information you and others provide may be used to monitor recruitment and selection practices in County government.

<p>10. Name: _____</p> <p>Social Security Number: _____</p>	<p>Job Applied For: _____</p> <p>Department _____</p> <p>Job Title _____</p> <p>Location _____</p>
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11. How did you first learn of this position?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Job Service Posting |
| <input type="checkbox"/> A friend/employee | <input type="checkbox"/> Internet Listing |
| <input type="checkbox"/> Posted in County Building | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Other (specify) _____ |

12. M (Male) F (Female) Date of Birth (month/day/year): _____ / _____ / _____

13. RACE/ETHNICITY

Please check the one box that best describes your race / ethnicity:

- AMERICAN INDIAN or ALASKAN NATIVE**
- ASIAN**
- PACIFIC ISLANDER**
- BLACK or AFRICAN AMERICAN**
- HISPANIC or LATINO**
- WHITE**
- TWO OR MORE RACES**

14. VETERAN or DISABILITY STATUS

Person with a disability: Yes No (if yes, please see below)

Veteran Status:

Check the **one** box that best describes your veteran status:

- | | | |
|---|--|--|
| <input type="checkbox"/> Disabled Vietnam Era Veteran | <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Veteran of Persian Gulf War |
| <input type="checkbox"/> Disabled Veteran of Other Campaign/War Era | <input type="checkbox"/> Veteran of Other Campaign/War Era | |
| <input type="checkbox"/> Other Disabled Veteran | <input type="checkbox"/> Other Veteran | |

Check the **one** box that best describes your status as a preference eligible relative:

- | | | |
|--|--|---|
| <input type="checkbox"/> A Spouse of Disabled Veteran | <input type="checkbox"/> Mother of a Veteran | <input type="checkbox"/> Spouse of totally (100%) Disabled Person |
| <input type="checkbox"/> Unremarried Surviving Spouse of a Veteran or Disabled Veteran | | |

Do you have certification from the Montana Department of Public Health and Human Services for Persons with Disabilities Employment Preference? Yes No

Please provide 3 PROFESSIONAL REFERENCES

(A professional reference is a reference from a person who can vouch for your qualifications for a job. A professional reference is typically a former employer, a colleague, a client, a vendor, a supervisor, or someone else who can recommend you for employment.)

Please print legibly

1.

Name: _____

Address: _____

City, State, Zip: _____

Phone, Cell Phone: _____

E-mail: _____

2.

Name: _____

Address: _____

City, State, Zip: _____

Phone, Cell Phone: _____

E-mail: _____

3.

Name: _____

Address: _____

City, State, Zip: _____

Phone, Cell Phone: _____

E-mail: _____

--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 (page 1)?**
- 2. Have you read the Job Vacancy Announcement to see what attachments must be submitted?**
- 3. Have you checked boxes in Section 3 or 4 (page 1) to indicate what attachments you have included?**
- 4. Did you indicate the specific Position Title in Sections 2 (page 1) and 10 (page 5)?**
- 5. Did you include a complete address for each employer listed in Section 9 (pages 3 and 4)?**
- 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 (see information on page 1)?**
- 7. Did you provide 3 professional references (page 6)?**
- 8. Did you attach all the application materials required by the Job Vacancy Announcement?**