

State Use Only



# STATE OF MONTANA EMPLOYMENT APPLICATION

## AN EQUAL OPPORTUNITY EMPLOYER

**IMPORTANT:** Please type or print in ink. You may respond to sections 4 through 7 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 you are applying for. 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 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; (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.

1. Name _____		
Last	First	Middle
Mailing Address _____		
Street or PO Box		
_____		
City	State	Zip Code
Telephone Number ( ) _____		
Work	Home	Cell
Email address _____		

2. What position are you applying for? (See Job Vacancy Announcement)

Department \_\_\_\_\_

Division \_\_\_\_\_ Job Location \_\_\_\_\_

Position Title \_\_\_\_\_ Position Number \_\_\_\_\_

Will you accept  Full-time  Part-time  Temporary Dates Available for Temporary \_\_\_\_\_ to \_\_\_\_\_

3. The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment with the State of Montana or, if hired, be grounds for termination at a later date. Do you want to be informed before we contact your present employer?  Yes  No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me to the State of Montana or its agents and employees. I release all persons or companies from any liability or responsibility for providing such information.

**SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

4. **EDUCATION** - High School Name: \_\_\_\_\_  
High School Address: \_\_\_\_\_  
Received Diploma or Equivalency Certificate?  Yes  No If "No," enter highest grade completed \_\_\_\_\_

College, University and Other Schools Name and Location	Dates Attended Month/Year	Degree/Certificate Received	Degree/Certificate Date	Major/Minor Field	Credits Earned Indicate Qtr or Sem

Training Courses Name and Location	Dates Attended Month/Year	Did you Complete?	Title/Description of Course	Total Hours

5. 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

6. List special skills such as word processing, operating a forklift, dump truck or computer programming. Include a list of equipment that you know how to use. May list skills from volunteer work like Habitat for Humanity or from professional organizations like Toastmasters.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



7. EXPERIENCE Continued....

Name & Complete Address of Employer	
Your Job Title	Dates Employed _____ / _____ to _____ / _____ Month Year Month Year
Type of Business	Avg. Hrs. Per Week _____ Time Employed _____ / _____ Years
Immediate Supervisor(s)	Phone No. _____
<input type="checkbox"/> Months Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
<b>Describe your duties in detail</b> (knowledge, skills, behaviors required, employees supervised, accomplishments)	
..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	
Reason for Leaving:	

Name & Complete Address of Employer	
Your Job Title	Dates Employed _____ / _____ to _____ / _____ Month Year Month Year
Type of Business	Avg. Hrs. Per Week _____ Time Employed _____ / _____ Years
Immediate Supervisor(s)	Phone No. _____
<input type="checkbox"/> Months Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
<b>Describe your duties in detail</b> (knowledge, skills, behaviors required, employees supervised, accomplishments)	
..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	
Reason for Leaving:	

8. If requested by a State agency, would you like a copy of your state employment application made available for other similar state positions?  YES  NO **There is no guarantee that this information will be made available.**

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**APPLICANT SURVEY**

Title VII of the U.S. Civil Rights Act requires the State of Montana 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 applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in state government.

Because this sheet is separated from your application, please give us your name, address and phone number again. State of Montana has a Human Resource System that automates recruitment information. To prevent duplicate records, please answer the following questions. Thank you for your cooperation.

Have you applied for a State government job before?  Yes  No

Are you a current or past State government employee?  Yes  No

9. Name \_\_\_\_\_  
   First  Middle  Last

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone No. \_\_\_\_\_ Other Phone Numbers (such as business, cellular) – Indicate **type** of phone.

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

Job Applied For: Department \_\_\_\_\_ Job Title \_\_\_\_\_

Position No. \_\_\_\_\_ Closing Date \_\_\_\_\_ Location \_\_\_\_\_

**10. REFERRAL SOURCE - How did you FIRST learn of this position?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Newspaper Ad        | <input type="checkbox"/> Agency Contact (specify below) | <input type="checkbox"/> Job Service Posting                     |
| <input type="checkbox"/> Internet Listing    | <input type="checkbox"/> Phone Inquiry                  | <input type="checkbox"/> T.E.R.O. Referral                       |
| <input type="checkbox"/> Career/Job Fair     | <input type="checkbox"/> Written Inquiry                | <input type="checkbox"/> Another Referral Organization Posting   |
| <input type="checkbox"/> College Recruitment | <input type="checkbox"/> Posted in Agency building      | <input type="checkbox"/> State or Former State Employee Referral |
| <input type="checkbox"/> Open House          | <input type="checkbox"/> Walk-In                        | <input type="checkbox"/> Other _____                             |

11.  **AGE 18 OR OLDER** – Please leave blank if under the age of 18.      12.  **FEMALE**       **MALE**
13. **SOCIAL SECURITY NO.** \_\_\_\_\_ This is voluntary and is used to keep your records separate from others.

**14. RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY**

Are you of Hispanic or Latino origin? Yes  No  (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES:**
- American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
  - Asian** (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
  - Black or African American** (A person having origins in any of the black racial groups of Africa.)
  - Native Hawaiian or other Pacific Islander** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)
  - White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

15. **MILITARY STATUS** – Please check the one box that best describes your military status.
- No Military Service    Active Reserve    Inactive Reserve    Retired    Vietnam Veteran    Other Veteran

16.  **DISABLED VETERAN**

## STATE OF MONTANA EMPLOYMENT AND BENEFIT INFORMATION

**EQUAL EMPLOYMENT OPPORTUNITY** - It is the policy of the State of Montana that state government is an equal employment opportunity employer; does not discriminate in employment based upon **race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation or political beliefs**; and implements and maintains an effective equal employment opportunity program.

**APPLICATION AND SELECTION PROCESS** – The process used to evaluate an applicant's qualifications may include an evaluation of the State of Montana Employment Application and supplemental responses if required, a performance test or work sample, a structured interview and reference or background checks. Applicants will be notified when screening has been completed.

**BENEFITS** - State employees working at least half-time are also provided paid health, dental, vision, and life insurance. Other benefits for eligible state employees include a credit union, a deferred compensation program, public employees retirement program, 15 working days annual leave per year, 12 days sick leave per year, paid holidays, and up to 15 days military leave with full pay. Earned leave benefits may be used for maternity and parental (birth or adoption) leave and for immediate family illness care.

**REASONABLE ACCOMMODATIONS** - 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. If an accommodation is needed to participate in any selection process, make arrangements well in advance of the process. A description of the selection process and the essential job duties is included in the vacancy announcement. TTY users may call the department TTY number if available or use the relay service by dialing 711.

**EMPLOYMENT PREFERENCE** - The **Veteran's Public Employment Preference Act** and the **Persons with Disabilities Public 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, PD-25A**, available through your local Montana Job Service Workforce Center or the State of Montana Employment Information Web site at: <http://mt.gov/statejobs/statejobs.asp>. You must also provide the appropriate documentation of eligibility with the application. The required documentation may include a DD-214; a document issued by the Office of the Adjutant General of the Montana National Guard certifying service; or a PHHS Certifications of Disability form. 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 Workforce Center.

**IMMIGRATION REFORM AND CONTROL ACT**- In accordance with the Immigration Reform and Control Act, the person selected must produce **within three days of hire**, documentation that he or she is authorized to work in the United States. Examples of such documentation include a birth certificate or social security card along with a driver's license or other picture I.D., a United States Passport, Certificate of Naturalization, a Permanent Resident Card, an Alien Registration Receipt Card (Green Card) or a Resident Alien Card.

**MONTANA COMPLIANCE WITH MILITARY SELECTIVE SERVICE ACT** - In accordance with the Montana Compliance with Military Selective Service Act, men selected for state government employment must produce documentation showing compliance with the federal Military Selective Service Act. Examples of this documentation include a registration card issued by Selective Service, a letter from Selective Service showing a man was not required to register, or information showing by a preponderance of evidence that a man's failure to register with Selective Service was not done knowingly or willfully.