

APPLICATION FOR EMPLOYMENT

City of Great Falls

Human Resources Office
P.O. Box 5021/Civic Center Room 202
Great Falls, MT 59403
(406) 455-8466
(406) 727-0005 *Fax*

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are applying. It is the policy and intent of the City of Great Falls to provide equality in employment to all persons. Consideration for employment will be made without regard to race, color, creed, physical or mental disability, religion, national origin, political beliefs, marital status, sex, genetics, or age.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the City of Great Falls. Please furnish us with complete information as outlined in this application. Please print in ink or type.

POSITION APPLYING FOR _____	Date Available _____
	Salary Desired _____
Type of Employment Desired:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	<input type="checkbox"/> Temporary (indicate dates available from _____ to _____)

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security No.
Address	City	State	Zip Code
Home Phone	Cell Phone	Message Phone	
E-mail Address			
Do you have relatives employed by the City of Great Falls? If so, please state name and relationship.			

EDUCATION INFORMATION

High School Name and Address: _____

Received Diploma or Equivalency Certificate? Yes No

College, University, Other Schools & Training Courses - Name and Location	Dates Attended	Degree/Certificate Received and Date Received	Major/Minor Field

**PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATIONS
(ENGINEERING, MEDICAL, CPA, ETC.)**

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



EMPLOYMENT HISTORY/VOLUNTEER EXPERIENCE

List work **and/or volunteer experience**, beginning with your present or most recent experience. Please be sure you describe the duties you have performed which demonstrate that you have the knowledge and skills to perform the functions of the job for which you are applying. List each promotion as a separate position. Additional pages or a resume may be attached. Information should be completed even if a resume is attached. An application/resume tailored to the position for which you are applying is recommended.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Falsification or misrepresentation may disqualify you from consideration for employment.

Do you want to be informed before we contact your present employer? Yes No

NAME & ADDRESS OF EMPLOYER: _____	

PHONE: _____	SUPERVISOR: _____
JOB TITLE: _____	DATES EMPLOYED: _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
DESCRIBE YOUR DUTIES IN DETAIL: (knowledge, skills, abilities required, employees supervised, accomplishments)	

Reason for leaving:	

NAME & ADDRESS OF EMPLOYER: _____

PHONE: _____

SUPERVISOR: _____

JOB TITLE: _____

DATES EMPLOYED: _____

Full-time Part-time Volunteer

DESCRIBE YOUR DUTIES IN DETAIL: (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for leaving:



NAME & ADDRESS OF EMPLOYER: _____

PHONE: _____

SUPERVISOR: _____

JOB TITLE: _____

DATES EMPLOYED: _____

Full-time Part-time Volunteer

DESCRIBE YOUR DUTIES IN DETAIL: (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for leaving:

NAME & ADDRESS OF EMPLOYER: _____

PHONE: _____

SUPERVISOR: _____

JOB TITLE: _____

DATES EMPLOYED: _____

Full-time Part-time Volunteer

DESCRIBE YOUR DUTIES IN DETAIL: (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for leaving:

EQUIPMENT/OFFICE/COMPUTER SKILLS

Describe your equipment, office, or computer skills related to the job for which you are applying: _____

Changes in personal data or employment status should be reported to the Human Resources Office. Late, incomplete or unsigned applications will not be considered.

I certify that answers given herein are true, correct and complete to the best of my knowledge and contain no willful falsification or misrepresentations. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

In accordance with the Civil Rights Act and the Montana Human Rights Act, the City of Great Falls makes every effort to ensure unlawful employment practices have not been committed. We may also be required to provide statistical data for equal opportunity employment.

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

EMPLOYMENT PREFERENCE FORM

Name _____ **Social Security No.** _____

To claim preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will only be used during the **initial** hiring process to apply employment preference.

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

- A Veteran, if**
 1. you have been separated under honorable conditions AND have 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 have been a member of the Montana Army or Air National Guard who has 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 have been separated under honorable conditions from 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/her from working.

- The unmarried 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 unmarried 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 PHHS, OR
 - The spouse** of a totally (100%) disabled person certified by PHHS
AND
a U.S. citizen, have resided continuously in Montana for at least 1 year immediately before applying for employment, have been a resident of the city for 30 days, and meet the requirements necessary to perform the essential duties of the position.

- 3. **In the box below, check the attachment you have included to document the preference request.**
 - DD-214 showing the character of discharge
 - Service-connected disability letter
 - A document issued by the Office of the Adjutant General of the Montana National Guard certifying service.
 - PHHS Disability Certification

STATISTICAL DATA INFORMATION

Race/Ethnic Background – check all that apply

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |

Sex

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

Referral Source

- | | |
|--|--|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Internet Listing |
| <input type="checkbox"/> Career/Job Fair | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Phone Inquiry | <input type="checkbox"/> Job Service Posting |
| <input type="checkbox"/> Written Inquiry | <input type="checkbox"/> Employee Referral |

**CITY OF GREAT FALLS
APPLICANT RELEASE FORM**

I, _____, presently residing at
Name (First, Middle, Last)
_____ have applied for
Address (Street, City, State, and Zip)

employment with the City of Great Falls. For the purposes of determining my fitness and suitability for employment with the City of Great Falls, I hereby release from liability and promise to hold harmless from any liability any and all persons who shall furnish any information regarding my background, employment history, personal skills or attributes. I authorize any person or legal entity who may be contacted by a representative of the City of Great Falls to release and transmit to such representative any information or data they may have regarding my background, employment history, personal skills or attributes. I hereby release from liability and promise to hold harmless from any liability any and all persons and entities contacted by the City of Great Falls, and I hereby waive the right to maintain such information as confidential.

I agree to hold harmless and release from liability the City of Great Falls and its designated representative, for any statements, acts, or omissions in the course of the investigation into my background, employment history, personal skills or attributes.

NOTE: READ CAREFULLY BEFORE SIGNING—IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE.

Signature of Applicant

Date

Printed Full Name (First, Middle, Last)

Other Names Used (maiden, etc.)

Social Security Number

Date of Birth

****Note: Dispatcher and Police Information Technician applicants must also pass a National Criminal Information Center background check.**