



## Stillwater County Application

**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 job title 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; and (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.

**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 their eligible relatives. An applicant claiming employment preference must complete an Employment Preference Form, available through your local Montana Job Service. The applicant must indicate at the bottom of page one of this application for that the necessary documentation is attached. 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.

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. What position are you applying for?

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

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 the 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 announcement.

<input type="checkbox"/> Responses to Supplement Questions	<input type="checkbox"/> Transcript	<input type="checkbox"/> Typing/Ten-key Certification
<input type="checkbox"/> Employment Preference Form/Documentation	<input checked="" type="checkbox"/> Resume	<input type="checkbox"/> Additional Employment Experience
<input type="checkbox"/> Other (specify) _____		

**SIGNATURE:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_



## Stillwater County Application

**1. 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: \_\_\_\_\_

Received Diploma or Equivalency Certificate (circle)? Yes,  No  If "No" enter highest grade completed \_\_\_\_\_

College, University, Other Schools & Training Courses Name & Location	Dates Attended	Degree/Certificate Received	Degree/Certificate	Major/Minor Field	Credits Earned- Indicate Quarter or Semester Credits

2. List current Professional Licenses, Registration, or Certifications (engineering, medical CPA, etc.)

Licensing Agency Endorsement/Restriction Date Name/Location	Type of License	Endorsement/Restriction If Applicable	Date Licensed

3. List other skills, education, experience and abilities below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

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**4. EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position for 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 job title for which you are applying. **Note: Please include a resume even if you have completed this section.**

**Notice to applicants:** Information that you provide on this application is subject to verification. Previous employers may be contacted as references. **Do you want to be informed before we contact your present employer?** \_\_\_\_\_ Yes, \_\_\_\_\_ No

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### *Name & Complete Address of Employer*

Job Title \_\_\_\_\_ Type of Business : \_\_\_\_\_

Dates Employed \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Avg. Hrs. Per Week \_\_\_\_\_ Total Time Employed \_\_\_\_\_

Immediate Supervisor(s) \_\_\_\_\_ (please circle) Full-Time Part-Time Volunteer

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

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Reason for Leaving:

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### *Name & Complete Address of Employer*

Job Title \_\_\_\_\_ Type of Business : \_\_\_\_\_

Dates Employed \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Avg. Hrs. Per Week \_\_\_\_\_ Total Time Employed \_\_\_\_\_

Immediate Supervisor(s) \_\_\_\_\_ (please circle) Full-Time Part-Time Volunteer

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

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Reason for Leaving:

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### **5. EXPERIENCE *Continued...***



## Stillwater County Application

### ***Name & Complete Address of Employer***

Job Title \_\_\_\_\_ Type of Business : \_\_\_\_\_

Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Avg. Hrs. Per Week \_\_\_\_ Total Time Employed \_\_\_\_\_

Immediate Supervisor(s) \_\_\_\_\_ (please circle)  Full-Time  Part-Time  Volunteer

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

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Reason for Leaving:

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### ***Name & Complete Address of Employer***

Job Title \_\_\_\_\_ Type of Business : \_\_\_\_\_

Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Avg. Hrs. Per Week \_\_\_\_ Total Time Employed \_\_\_\_\_

Immediate Supervisor(s) \_\_\_\_\_ (please circle)  Full-Time  Part-Time  Volunteer

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

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Reason for Leaving:

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### ***Name & Complete Address of Employer***

Job Title \_\_\_\_\_ Type of Business : \_\_\_\_\_

Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Avg. Hrs. Per Week \_\_\_\_ Total Time Employed \_\_\_\_\_

Immediate Supervisor(s) \_\_\_\_\_ (please circle)  Full-Time  Part-Time  Volunteer

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

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Reason for Leaving:

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## Stillwater County – Employment Preference Claim Form

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment Preference for Veterans & Individuals with Disabilities

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 state will have this information placed in a separate confidential selection file.

In accordance with Montana law (MCA § 39-29 & 39-30), Stillwater County provides employment preference to eligible veterans, disabled veterans, certain eligible relatives of veterans and certain eligible persons with disabilities. To claim this preference, you must:

1. Complete this form in full.
2. Submit it **with your employment application before the application deadline.**
3. Attach the required documentation (e.g., DD-214, VA disability letter, or other proof as noted below).

*Failure to submit this form and supporting documentation with your application will waive your claim for preference in this recruitment.*

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

**Veteran** – I have served on active duty in the U.S. Armed Forces, other than for training, and was honorably discharged.

*Required Documentation:* Copy of DD-214.

**Disabled Veteran** – I am a veteran who has a service-connected disability.

*Required Documentation:* Copy of DD-214 and VA disability certification letter.

**Spouse of a Disabled Veteran** – My spouse is a veteran with a service-connected disability and is unable to qualify for public employment because of this disability.

*Required Documentation:* Copy of veteran's DD-214, VA disability certification letter, and proof of marriage.

**Unremarried Surviving Spouse** – I am the surviving spouse of a veteran who died on active duty or as a result of a service-connected disability, and I have not remarried.

*Required Documentation:* Copy of veteran's DD-214, death certificate, and proof of marriage.

**Mother of a Veteran** – My son or daughter died under honorable conditions while serving on active duty in the U.S. Armed Forces, or is permanently and totally disabled as a result of service.

*Required Documentation:* Copy of veteran's DD-214 and documentation of death or permanent total disability.

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.

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

DD-214 showing the character of discharge

Service-connected disability letter

DPHHS Disability Certification

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

### Certification

I certify that the information provided above is true and correct to the best of my knowledge. I understand that knowingly making a false statement may subject me to disqualification or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**--READ CAREFULLY--**

**Do Not Write On This Page**

Please make sure all required information is included (see job vacancy announcement).

- Did you sign and date your application (page 1)?
- Have you read the job announcement to see what attachments must be submitted?
- Have you checked boxes in Section 3 (page 1) to indicate what attachments you have included?
- Did you indicate the specific Position Title (page 1)?
- Did you include a complete address for each employer listed in (pages 3 and 4)?
- 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)?
- Did you attach all the application materials required by the vacancy announcement?

Please return the completed application to the Finance and Human Resource office located at 431 Quarry St, Columbus, Montana. Our mailing address is: PO Box 795, Columbus, MT 59019.