Stillwater County Application

ADDENDUM B

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, IMCOMPLETE 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_____
Last First MI.

Social Security No. _____

Mailing Address_____
Mailing

_____
City State Zip

Phone No._____

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

Department_____

Position Title_____

Job Location_____

3. 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.

__ Responses to Supplement Questions __Transcript ___Typing/Ten-key Certification
__ Employment Preference Form/Documentation __Resume ___Additional Employment Experience
__ Other (specify)_____

SIGNATURE:_____ **DATE SIGNED:**_____

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4. 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? ___ Yes ___ No If "No" enter highest grade completed_____

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

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

Licensing Agency Endorsement/Restriction Date Name and Location	Type of License	Endorsement/Restriction if applicable	Date Licensed

6. 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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7. 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.

This information must be completed even if a resume' is submitted	EXPERIENCE CONTINUED ON PAGE 4

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

_____

_____

Your Job Title_____Type of Business _____

Dates Employed_____/_____to_____/_____ Avg. Hrs. Per Week_____ Total Time Employed _____

Immediate Supervisor(s)_____ ____Full-Time ____Part-Time ____Volunteer

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

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Reason for Leaving:_____

Name & Complete Address of Employer

_____

_____

Your Job Title_____Type of Business _____

Dates Employed_____/_____to_____/_____ Avg. Hrs. Per Week_____ Total Time Employed _____

Immediate Supervisor(s)_____ ____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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7. EXPERIENCE *Continued…*

Name & Complete Address of Employer

_____

_____

Your Job Title_____Type of Business _____

Dates Employed_____/_____to_____/_____ Avg. Hrs. Per Week_____ Total Time Employed _____

Immediate Supervisor(s)_____ ____Full-Time ____Part-Time ____Volunteer

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

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Reason for Leaving:_____

Name & Complete Address of Employer

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Your Job Title_____Type of Business _____

Dates Employed_____/_____to_____/_____ Avg. Hrs. Per Week_____ Total Time Employed _____

Immediate Supervisor(s)_____ ____Full-Time ____Part-Time ____Volunteer

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

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Reason for Leaving:_____

--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 announcement to see what attachments must be submitted?**
3. **Have you checked boxes in Section 3 (page 1) to indicate what attachments you have included?**
4. **Did you indicate the specific Position Title and Position Number in Sections 2 (page 1)?**
5. **Did you include a complete address for each employer listed in Section 7 (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 attach all the application materials required by the vacancy announcement?**

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

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EMPLOYMENT PREFERENCE FORM

Name_____ Social Security Number _____

Position Applied For_____

Job Title Department Name

To claim preference under the **Montana Veterans' Employment Preference Act** or the **Montana Persons with Disabilities 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 be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the state will have this information placed in a separate confidential file.

1. Veteran's Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below)

☐ **A Veteran**, if
   1. you have been separated under honorable conditions,

      AND
   2. you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

☐ **A Disabled Veteran**, if
   1. you have been separated under honorable conditions from active 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 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 PHHS, or

☐ **The spouse** of a totally (100%) disabled person certified by PHHS.

AND

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 the preference request.**

☐ DD-214 ☐ PHHS Certification ☐ Other _____

SIGNATURE:_____**DATE SIGNED**_____