



EMPLOYMENT APPLICATION
130 6TH STREET WEST, ROOM A, COLUMBIA FALLS, MT 59912
(406)892-4391 FAX: (406)892-4413 EMAIL: staalandb@cityofcolumbiafalls.com
website: <http://cityofcolumbiafalls.org>

An Equal Employment Opportunity/Affirmative Action Employer

Position applying for:	Date available for work:
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Last Name	First Name	Middle Initial
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Email: _____

Street Number	Street Name (or P.O. Box)	City	State	Zip
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Day Phone	Evening Phone	Message Phone
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Are you willing to work: Full-time Part-time Temporary Seasonal, dates available _____

Do you have any relatives employed by the City? Yes____ No____

If yes, give name and department: _____

Have you worked for the City of Columbia Falls before? Yes____ No____

If yes, list dates, department and your job title: _____

If needed for the positions you are applying for, do you have a valid driver's license? Yes____ No____

If yes: _____ State Type & number: _____ Operator _____ Commercial

Endorsements (check all that apply): _____ Motorcycle _____ Tank _____ Airbrake _____ Hazardous Materials

How did you learn of the Vacancy?
_____ Web site (please specify) _____
Other (explain) _____

FOR OFFICE USE ONLY, (Do not write in below areas)

Accepted for Employment Yes No Start Date _____

Handicapped Veteran Disabled Veteran Start Wage _____

Interviewed by _____

High School/GED	Diploma _____ Yes _____ No or _____ GED
School/Location	

OTHER EDUCATION AND TRAINING

		Course of Study Yes/No	Degree?	Date Attended
Community College				
Trade School				
College/University				

List any certificates relating to the position you are applying for: (e.g. MOUS, ICBO, CPA, boiler license, blue print reading, etc.)

SKILLS

List any knowledge, skills or other characteristics you personally possess relating to the position for which you are applying; and length of time utilizing those skills:

	Dates Used	Level of Proficiency
COMPUTER SKILLS		
Hardware:		
Software:		
Operating systems:		

Please list employment experience, beginning with your most recent employment. Include military service and any volunteer work which has provided experience and that would help you qualify. **Resumes will not be accepted in place of a completed application form.** If necessary, additional sheets may be attached to this application form.

Starting Date:	Ending Date:	Salary:	Hours per week:
Your title:		Reason for leaving:	
Present or Last Employer - Name/Address & Phone:		Supervisor - Name & Title: May we contact your present employer? _____ Yes _____ No	
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):			

Starting Date:	Ending Date:	Salary:	Hours per week:
Your title:		Reason for leaving:	
Previous Employer - Name/Address & Phone:		Supervisor - Name & Title: May we contact your previous employer? _____ Yes _____ No	
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):			

Starting Date:	Ending Date:	Salary:	Hours per week:
Your title:		Reason for leaving:	
Previous Employer - Name/Address & Phone:		Supervisor - Name & Title: May we contact your previous employer? _____ Yes _____ No	
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):			

Starting Date:	Ending Date:	Salary:	Hours per week:
Your title:		Reason for leaving:	
Previous Employer - Name/Address & Phone:		Supervisor - Name & Title: May we contact your previous employer? _____ Yes _____ No	
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments):			

Affidavit of Truthfulness

- 1 As an applicant for a position with the City of Columbia Falls, I am required to furnish information which this agency may use in determining qualifications. In this connection, I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person for which I have been employed furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.
- 2 I acknowledge that I may be required to submit to a drug test prior to being hired if I apply for a position which required a drug and alcohol test in compliance with 49 CFR Part 382, 391, 392 and 395, as amended, which mandates urine drug testing and breath alcohol testing for persons who are subject to CDL requirements and perform safety sensitive functions. I further acknowledge that subsequent drug and alcohol testing and negative drug test results are conditions of my employment.
- 3 As a condition of employment or continued employment I authorize any division of motor vehicles to release information regarding my driving record, if driving is a function of the position.
- 4 I certify that the foregoing answers, and all supplemental documents are correct and that false information may result in dismissal if employed. I understand that employment may be contingent upon satisfactory completion of a physical examination showing that I can adequately perform job-related functions. If employed by the City of Columbia Falls I will abide by the City's Policies, Practices and Procedures.
- 5 I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.
- 6 Information that is provided on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact you present employer?
_____ Yes _____ No
- 7 I hereby release all parties and persons connected with any such request for information from claims, Liabilities, and damages for any reason arising out of furnishing such information,

Signature of Applicant

Date

Name: _____

Position Applied for: _____

VOLUNTARY INFORMATION

Please check one of the descriptions below corresponding to the ethnic group with which you most identify:

_____ **White (not of Hispanic origin)** - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Black (not of Hispanic origin)** - All persons having origins in any of the Black racial groups of Africa.

_____ **Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

_____ **American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Sex: _____ Male _____ Female

EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

The Montana Veterans' Public Employment Preference Act and Persons with Disabilities Public Employment Preference Act allow eligible applicants to request a hiring preference when applying for a position with a public employer. Applying for a preference is **voluntary**, and all information related to a preference will be **kept confidential**. Public Employers will only use this information during the hiring process and will maintain the information in a separate confidential file. Applicants who wish to claim an employment preference must complete and return this form along with their completed employment application.

Applicants requesting preference must provide the appropriate documentation along with their application to verify eligibility.

Contact the local Job Service Workforce Center for details on veterans' preference or the local Montana Vocational Rehabilitation Services Office for details on obtaining a disability preference certification.

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

- A Veteran, if
1. you were separated under honorable conditions, **AND** you 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 were a member of the Montana Army or Air National Guard who 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 were separated under honorable conditions from military 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 or 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 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.

3. 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

SIGNATURE (typed or written):

DATE SIGNED: