

Print Last Name, First Initial _____

HIGH SCHOOL EDUCATION

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

OTHER EDUCATION AND TRAINING

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

CERTIFICATES

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:

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

Print Last Name, First Initial _____

AUTHORIZATION TO RELEASE INFORMATION

- 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 Have you previously be employed under a different name (s)?
_____ No _____ Yes If yes, please list other name(s): _____
(This information will be used when checking references only).

- 8 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

Print Last Name, First Initial _____

MONTANA PREFERENCE LAW & ACT

If you are claiming preference under Montana Veterans' Public Employment Preference Law (MCA 39-29-101 et. Seq., ARM 2-221-3601) or Montana Persons With Disabilities Employment Preference Act (MCA 39-30-103 et. Seq.), complete the following:

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

- A Veteran separated under honorable conditions
- A Disabled Veteran separated under honorable conditions.
- 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 THE VETERAN lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service - connected, permanent, and total disability.

You may claim Handicapped Persons' Employment Preference as (check one of the boxes below):

- A handicapped person certified by PHHS, or
- The spouse of a totally (100%) disabled person certified by PHHS, and resides continuously in Montana for at least one year immediately before applying for employment.

NOTE: if you claim a preference, **documentation must be attached.** Please check which attachment you have included:

_____ DD-214 _____ PHHS Certification _____ Other _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, describe in full giving offenses as well as dates _____

(Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.)

I certify that this application is true and complete to the best of my knowledge. I am aware that any falsifications or misrepresentation may disqualify me from any employment with the City of Columbia Falls. PLEASE NOTE: The City of Columbia Falls is an Equal Employment Opportunity and Affirmative Action Employer. Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

Applicant's Signature

Date

Print Last Name, First Initial _____

Office Use Only

The information you provide on this form is collected in compliance with state and federal law to determine if the City's hiring practices are discriminating against any group. The information will be separated from the application and will not be used in making unlawful hiring decisions. Thank you for your cooperation.

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

Date of Birth _____

How did you learn of the Vacancy? Newspaper Jobs Available Posted at City Hall

Web site (please specify) _____

Other (explain) _____