

High School/GED				
School/Location		Yes	No	GED
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:		

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

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 been employed under a different name(s)?
 No Yes If yes, please list other name(s): _____
- 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

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

Date of Birth _____

How did you learn of the Vacancy?

_____ Web site (please specify) _____
Other (explain) _____