



CASCADE COUNTY
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law.

For County Use

IMPORTANT: Please type or print in ink. You may respond to sections 4, 5 and 9 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 the positions 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; (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. A description of the selection process and the essential job duties is included in the vacancy announcement.

Employment Preferences: The **Veteran's 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 the eligible relatives. **An application 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 five (5) the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining disabilities preference certification. For more information, contact your local Job Service.

1.
Name: _____
Last First M.I.

Social Security No.: _____

Address: _____
Street

City State Zip Code

Phone Number: _____
Work Home

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

Department: _____

Position Title: _____

Date: _____

3. Have you ever been convicted of a crime involving theft, abuse, neglect, or mistreatment of an individual or any other felony/misdemeanor (except routine traffic violations)? A conviction will not necessarily disqualify you for the position.

Yes

No If yes, list on a separate sheet of paper the convictions.

4. My signature below certifies that all the information on this and all attached pages (checked below) are true, correct, and complete to the best of knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with Cascade 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 the attachments, including those required in the job vacancy announcement. I understand if I am the final applicant for the position applied that a criminal background check may be conducted and the results thereof may disqualify me from consideration for employment with the County.

Responses to Supplemental Questions
DPHHS Certification

Transcript

DD-214

Resume

Other (specify)

Typing/Ten Key Certification

Signature _____

Date _____

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5. 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 Hours

6. List **current Professional Licenses, Registration, or Certifications (Engineering, medical, CPA, etc.)**

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

7. If applying for skilled crafts jobs, are you a recognized journey-level worker? Yes No

If yes, what apprenticeship? Number of years:

8. Special skills – check the skills you possess. Specify speed/errors where requested.

Typing / Data Entry / Ten-Key / Legal Terminology Medical Terminology

Other

Computer Programming Languages (specify)

Computer Software

Equipment – List types of equipment you can operate and specify name of model you have used.

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9. EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position 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 follow the same format as below. 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.

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

Name & Complete Address of Employer	
--	--

Your Job Title	Type of Business		
Immediate Supervisor	Date Employed	/	to
Phone Number	Avg. Hrs. Per Week	Total Time Employed	
	Full-time	Part-time	Volunteer

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

Reason for Leaving:

Name & Complete Address of Employer	
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Your Job Title	Type of Business		
Immediate Supervisor	Date Employed	/	to
Phone Number	Avg. Hrs. Per Week	Total Time Employed	
	Full-time	Part-time	Volunteer

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

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Your Job Title	Type of Business		
Immediate Supervisor	Date Employed	/	to /
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Name & Complete Address of Employer	
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Your Job Title	Type of Business		
Immediate Supervisor	Date Employed	/	to /
Phone Number	Avg. Hrs. Per Week	Total Time Employed	
	Full-time	Part-time	Volunteer

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

Reason for Leaving:

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires Cascade County to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws, providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in County government.

10. Name: Social Security Number: Position Number:	Job Applied For:
	Department
	Job Title
	Location

11. How did you first learn of this position?

- | | |
|-----------------------------|---|
| Newspaper ad | Professional Publication |
| A friend/employee | Female, minority, or disabled person's organization |
| Posted in a County Building | Other (specify) |

12. M (Male) F (Female) Date of Birth (month/day/year) / /

13. RACE/ETHNICITY

Please check the one box that best describes your race/ethnicity:

AMERICAN INDIAN or ALASKAN NATIVE (Not Hispanic or Latino)

ASIAN (Not Hispanic or Latino)

PACIFIC ISLANDER (Not Hispanic or Latino)

BLACK or AFRICAN AMERICAN (Not Hispanic or Latino)

HISPANIC or LATINO

WHITE (Not Hispanic or Latino)

TWO OR MORE RACES

14. VETERAN or DISABILITY STATUS

Person with a disability: Yes No (If yes, please see below)

Veteran Status:

Check the **one** box that best describes your veteran status:

- | | | |
|--|-----------------------------------|-----------------------------|
| Disabled Vietnam Era Veteran | Vietnam Era Veteran | Veteran of Persian Gulf War |
| Disabled Veteran of other campaign/War Era | Veteran of Other Campaign/War Era | |
| Other Disabled Veteran | Other Veteran | |

Check the **one** box that best describes your status as a preference eligible relative:

- | | | |
|---|---------------------|--|
| A Spouse of Disabled Veteran | Mother of a Veteran | Spouse of totally (100%) Disabled Person |
| Unremarried Surviving Spouse of a Veteran or Disabled Veteran | | |

Do you have certification from the Montana Department of Public Health and Human Services for Persons with Disabilities

Employment Preference: Yes No

- - 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 Vacancy Announcement to see what attachments must be submitted?
3. Have you checked boxes in Section 3 or 4 (Page 1) to indicate what attachments you have included?
4. Did you indicate the specific Position Title in Section 2 (Page 1) and Section 10 (Page 5)?
5. Did you include a complete address for each employer listed in Section 9 (Pages 3 and 4)?
6. If you are claiming Veteran's 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 Job Vacancy Announcement?