

**CITY OF DEER LODGE
APPLICATION FOR EMPLOYMENT**

Name: _____

Date: _____

Address: _____

Phone Number _____

Are you legally eligible for employment in the USA? Yes _____ No _____ (verification will be required)

Are you of legal age to work? Yes _____ No _____

Position applying for: _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

RECORD OF EDUCATION

Name & City of Elementary School: _____

Check last year completed: 5_ 6_ 7_ 8_ Did you graduate? Yes _____ No _____

Name & City of High School: _____

Check last year completed: 9_ 10_ 11_ 12_ Did you graduate? Yes _____ No _____

Name & City of College: _____

Years attended: _____ List course of study & degree: _____

RECORD OF EMPLOYMENT
(Begin with the most recent)

1. Company Name & Address: _____

Company Phone Number: _____ Supervisors Name: _____

Dates of employment: From: _____ To: _____ Ending Salary: _____

Describe work you preformed & Position(s) you held: _____

Reason for leaving: _____

2. Company Name & Address: _____

Company Phone Number: _____ Supervisors Name: _____

Dates of employment: From: _____ To: _____ Ending Salary: _____

Describe work you performed & Position(s) you held: _____

Reason for Leaving: _____

3. Company Name & Address: _____

Company Phone Number: _____ Supervisors Name: _____

Dates of employment: From: _____ To: _____ Ending Salary: _____

Describe work you performed & Position(s) you held: _____

Reason for leaving: _____

4. Company Name & Address: _____

Company Phone Number: _____ Supervisors Name: _____

Dates of employment: From: _____ To: _____ Ending Salary: _____

Describe work you performed & Position(s) you held: _____

Reason for leaving: _____

I hereby give the City of Deer Lodge permission to contact the employers listed above concerning my prior work experience. If there is a particular employer, you do not wish us to contact, please indicate: _____

Signature: _____

Personal References
(Not former employers or relatives)

1. Name: _____ Occupation: _____

Address: _____ Phone Number: _____

2. Name: _____ Occupation: _____

Address: _____ Phone Number: _____

3. Name: _____ Occupation: _____

Address: _____ Phone Number: _____

Are there any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that the Federal and/or State law precludes obtaining in the pre-employment stage.)

Please, Read and Sign Below

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement may result in dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. No one other than an officer of the city has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature: _____

**City of Deer Lodge
Application Information Release**

Applicant's Full Name: _____ Date of Birth: _____

Other names I have been known by: _____

Names of States in which you have lived in the past 7 years: _____

Position Applying For: _____ SSN: _____

I hereby authorize any person, educational institution, previous employer, or reference I have listed in my resume, cover letter, and employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment at the City of Deer Lodge. I furthermore authorize the City of Deer Lodge to conduct a criminal and financial background check on myself due to the sensitive nature of the position for which I am applying.

Signed: _____ Date: _____

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.

- | | |
|--|---|
| <input type="checkbox"/> DD-214 showing the character of discharge | <input type="checkbox"/> Service-connected disability letter |
| <input type="checkbox"/> DPHHS Disability Certification | <input type="checkbox"/> A document issued by the Office of the Adjutant General of the Montana National Guard certifying service |

SIGNATURE (typed or written):

DATE SIGNED: