



Employment Application

City of Havre
520 4th Street
Havre, MT 59501

Notice To Applicants	We welcome you as an applicant for employment. It is the policy of the City of Havre to consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, marital status, the presence of a non-job related medical condition or physical disability or any other legally protected status unless related to a bona fide occupational requirement. A separate application, resume and other supporting documentation must be submitted for each job vacancy as required by the job posting.
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POSITION APPLIED FOR: _____

DEPARTMENT: _____ DATE: _____

PERSONAL INFORMATION

Name: _____

Present Address: _____

Phone: _____ Email: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Are you 18 years or older? Yes No

For Temporary/Seasonal Hire – *Please fill out the following*

Date Available for Hire? From: _____ To: _____

Have you ever been convicted of a felony? Yes No If yes, describe in full – give date:

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

Have you ever worked or are you currently working for the City of Havre?

If yes, please give dates: From: _____ To: _____

Department: _____ Postion: _____

Reason for leaving: _____

Do you have any relatives working for the City of Havre? Yes No

If yes, please give their name(s): _____

Department: _____

EDUCATION

High School:

Name: _____ Address: _____

Did you graduate? Yes No

Diploma or GED: _____

College:

Name: _____ Address: _____

Did you graduate? _____ Last year completed: _____

List Diploma or Degree: _____

SPECIAL SKILLS/CERTIFICATES

Special skills or certificates relating to the position you are applying for:
(clerical skills, heavy equipment skills, water/wastewater cert., EMT, etc.)

LICENSES

Do you have a valid Driver's License? Yes No State: _____

Class: _____

Do you have a Commercial Driver's License? _____ If yes, specify type: _____

Other (specify): _____

EMPLOYMENT HISTORY

Instructions: Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. If the space below is not adequate, you may respond to this section on a separate sheet of paper. **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 and for verification.

May we contact your employer? Yes No

Current Employer: _____ Address: _____

Dates Employed: From: _____ To: _____

Position: _____ Wage: _____

Contact: _____ Phone: _____

Work performed: _____

Reason for leaving: _____

PAST EMPLOYER: _____ Address: _____

Dates Employed: From: _____ To: _____

Position: _____ Wage: _____

Contact: _____ Phone: _____

Work performed: _____

Reason for leaving: _____

PAST EMPLOYER: _____ Address: _____

Dates Employed: From: _____ To: _____

Position: _____ Wage: _____

Contact: _____ Phone: _____

Work performed: _____

Reason for leaving: _____

REFERENCES

List three professional references, excluding relatives, who have knowledge of your ability to perform this job:

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

AUTHORIZATION TO RELEASE INFORMATION

1. As an applicant for a position with the City of Havre, I am required to furnish information which this agency may use in determining my qualifications. 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 furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.
2. I acknowledge that I must submit to a drug test prior to being hired if I apply for a position which requires a drug test under the City of Havre Drug-Free Workplace and Pre-Employment Drug Testing Policy. I further acknowledge that a negative drug test result and remaining drug free are conditions of my employment.
3. For the purpose of in-house security, I consent to a security investigation prior to employment.
4. I certify that the foregoing answers, and all supplemental documents are correct and that false information may disqualify me from employment with the City of Havre, and 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 Havre I will abide by the City's Policies, Practices, and Procedures.

I have read and agree with the above statements.

Signature: _____

Date: _____

EMPLOYMENT PREFERENCE ACTS

Name: _____

Position Applied For: _____

Department: _____

If you are claiming preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. The appropriate documentation must be attached to claim employee preference. Veteran's Employment preference provides the addition of 5 percentage points or 10 percentage points to the applicant's score when a numerically scored selection procedure is used. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

If you claim Preference, documentation must be attached. Please check which attachments you have included:

DD-214

PHHS Disability Certificate

Other

To claim **Veteran's Employment Preference**, you be a U.S. Citizen and (check ONE of the boxes below):

A Veteran, if

1. You have been separated under honorable conditions, **AND** have 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 have been a member of the Montana Army or Air National Guard who has 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 have been 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/her from working.

The un-remarried surviving spouse of a veteran or disabled veteran.

A 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 un-remarried widow of the father of the veteran.

To claim **Montana Persons with Disabilities Employment Preference** you must be (check ONE of the boxes below):

A person with a disability certified by PHHS, **OR**

The **spouse** of a totally (100%) disabled person certified by PHHS **AND have** resided continuously in Montana for at least 1 year immediately before employing for employment

Signature: _____

Date: _____