

BIG HORN COUNTY

121 West Third Street
PO Box 908
Hardin, MT 59034



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

1. Please type or print this application using blue or black ink.
2. Please complete application in full. If a question does not apply, please write "N/A"
3. Attach additional sheets if necessary.
4. If you have any questions, please phone (406)665-9735.

5. Mail completed application to:
Big Horn County Human Resources
PO Box 908
Hardin, MT 59034

Or deliver completed application to:
Big Horn County Courthouse
Human Resources Office
Room 302 - Third Floor

Position applying for:

Recruitment No.:

PERSONAL INFORMATION

1. Name:
Last name First name Middle Name

2. List other names, if any, that you have used in the past:

3. Mailing Address:
Street Address or PO Box

City State Zip Code

4. Contact Numbers Home: Cell: Work:

5. Type of Employment Desired - Place X in the box of all that apply Full Time Part Time

FTE: 40 hrs per week PTE (less than 40 hrs/week)

Seasonal Intermittent

6. Date Available: 7. Are you 18 years or older? Yes No

8. Are you a United States Citizen? Yes No

9. Are you related to any person currently employed by Big Horn County? Yes No

If yes, please identify them by name and relationship. _____

10. Have you ever been convicted of a felony? Yes No

If "Yes" describe in full giving dates: _____

GENERAL INFORMATION

11. Drivers' License: Do you have a valid Drivers' License? Yes No If yes, State: _____

Commercial Drivers' License? Yes No If yes, specify: Type _____

Class: Hazardous Material? Type: Airbrakes?

Other (specify): _____

12. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes No

If "Yes", please explain: _____

13. **EDUCATION**

School	Name and Address of School	Course of Study	Last Year Completed (Circle)	Did you Graduate? (Circle)	List Diploma or Degree
High School			1 2 3 4	YES NO GED	
College/University			1 2 3 4	YES NO	
College/University			1 2 3 4	YES NO	
Other (Specify)					

14. Additional job-related skills, qualifications, licenses or certifications: _____

15.

EMPLOYMENT HISTORY

Begin with your present and/or most recent work experience. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If you need additional space, please continue on a separate sheet of paper using the format below. **THIS INFORMATION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.**

We may contact the employers listed unless you indicate those you do not want us to contact:

PLEASE DO NOT CONTACT: (Employer Number(s)) _____

Reason:

1 Name & Complete
Address of Employer

Your Job Title: _____

Type of Business: _____

Immediate Supervisor: _____

Dates Employed: _____ to _____

Phone Number: _____

Reason for leaving: _____

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

2 Name & Complete
Address of Employer

Your Job Title: _____

Type of Business: _____

Immediate Supervisor: _____

Dates Employed: _____ to _____

Phone Number: _____

Reason for leaving: _____

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

3 Name & Complete
Address of Employer

Your Job Title: _____

Type of Business: _____

Immediate Supervisor: _____

Dates Employed: _____ to _____

Phone Number: _____

Reason for leaving: _____

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

4 Name & Complete
Address of Employer

Your Job Title: _____ Type of Business: _____
Immediate Supervisor: _____ Dates Employed: _____ to _____
Phone Number: _____ Reason for leaving: _____
Describe your duties in detail (knowledge, skills, abilities required, employees you supervised, accomplishments):

5 Name & Complete
Address of Employer

Your Job Title: _____ Type of Business: _____
Immediate Supervisor: _____ Dates Employed: _____ to _____
Phone Number: _____ Reason for leaving: _____
Describe your duties in detail (knowledge, skills, abilities required, employees you supervised, accomplishments):

6 Name & Complete
Address of Employer

Your Job Title: _____ Type of Business: _____
Immediate Supervisor: _____ Dates Employed: _____ to _____
Phone Number: _____ Reason for leaving: _____
Describe your duties in detail (knowledge, skills, abilities required, employees you supervised, accomplishments):

16. **RELEVANT SKILLS, PROFESSIONAL LICENSES, OTHER TRAINING**

Describe any skills, specialized training, professional licenses or certificates relevant to this position: _____

17.

REFERENCES

Please list the names, addresses and phone numbers of three (3) persons who have knowledge of your experience, abilities and character as they may relate to this job.

1	Name
	Address
	City, State, Zip
	Phone Number
2	Name
	Address
	City, State, Zip
	Phone Number
3	Name
	Address
	City, State, Zip
	Phone Number

18. BIG HORN COUNTY IS A DRUG & ALCOHOL-FREE WORKPLACE

The county requires all employees to participate in Drug and Alcohol Testing. Employees will be tested for Pre-employment, Accident and Reasonable Suspicion. Employees required by Department of Transportation regulations are also randomly tested. I understand that these screening tests are required during my employment with the county.

Applicant Initials

19. CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I am an applicant for a position with Big Horn County. As such I am required to furnish information, which the county may use to determine my qualifications and suitability for employment.

I hereby certify that all entities and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any consideration or employment with Big Horn County. I further understand that all information on this application is subject to verification and I consent to a criminal history/driving background checks for applicable positions.

I also consent that authorities of Big Horn County may contact my references, former employers, educational institutions or any other entities or agencies listed regarding this application. I further release said County, as well as my former employers, from any and all liability resulting from these reference checks.

Applicant Signature

Date

BIG HORN COUNTY EMPLOYMENT PREFERENCE FORM

To claim preference as a qualified Veteran or Person with Disabilities, in accordance with Montana law you must complete this form and return it with qualifying documents and your application by the posted closing date. A separate application must be completed for each position for which you wish to be considered. **Providing the following information is voluntary, but must be included with the application in order to claim employment preference.** This information will be kept **confidential** and will only be used during the hiring process. Contact the Big Horn County Human Resources Office 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.

I AM NOT CLAIMING PREFERENCE

Signature:

Date:

***** OR *****

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 have been separated under honorable conditions, **AND** you 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 six (6) years service in the armed forces, the last three (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 active 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 unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. THE VETERAN lost his or her life 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 PHHS **OR**

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

3. NOTE: **IF YOU CLAIM PREFERENCE, DOCUMENTATION MUST BE ATTACHED.** Please check which attachments you have included:

DD-214 showing the character of the discharge

Service-connected disability letter

PHHS Disability Certification

A document issued by the Office of the Adjutant General of the Montana National Guard certifying service.

I HEREBY CERTIFY that information provided above is true and complete to the best of my knowledge. I am aware that falsification or misrepresentation is grounds for dismissal or disqualification from employment.

Signature

Date



Personal Information Express Consent Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity. Complete this form if you have checked the first box of the **Intended Use** portion of Section 1 on the Release of Driving Records form (34-0100).

Name: _____
Print Full Name

Driver's License #: _____ Date of Birth: _____

Residing at: _____
Street City State Zip Code

I hereby authorize the Department of Justice to release my:

Driving Record Vehicle Record

To the following individual and/or company:

Name: Big Horn County
Print Full Name

Address: 121 West Third St., PO Box 908 Hardin MT 59034
Street City State Zip Code

I certify under the penalty of law (**MCA 45-7-203 Unsworn Falsification to Authorities**) that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature: _____
This is my legal signature Date

Printed name: _____