

# BIG HORN COUNTY

121 3rd Street West  
P.O. Box 908  
Hardin, MT 59034



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer\*

- IMPORTANT:** Read application carefully. Type or print this application using blue or black ink.
- Complete the application in full. LATE, INCOMPLETE (including those that do not follow instructions) or UNSIGNED applications will not be considered.
- 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. For the County to consider any such accommodation, the applicant must make known any needed accommodation.
- Attach additional sheets and/or supplemental information as necessary or as required in the recruitment bulletin for the position.
- If you have any questions, phone (406) 665-9735 or email [humanresources@bighorncountymt.gov](mailto:humanresources@bighorncountymt.gov).

\*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.

5. Mail completed application to: **OR** Deliver completed application to:

<b>Big Horn County Human Resources</b>	<b>Big Horn County Courthouse</b>
<b>P.O. Box 908</b>	<b>121 3rd St W, Hardin</b>
<b>Hardin, MT 59034</b>	<b>Human Resources Office, Room 302 (Third Floor)</b>

<b>Must be completed</b>	
<b>Position applying for:</b>	<b>Recruitment No.:</b>

## PERSONAL INFORMATION

1. Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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 P.O. Box

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>City</small>	<small>State</small>	<small>Zip Code</small>

4. Contact Numbers: Home:  Mobile/Cell:

5. Email Address:

6. Type of Employment Desired (place X in the box of all that apply):

Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	
<small>Full-time: at least 40 hrs. per week</small>	<small>Part-time: less than 40 hrs. per week</small>	
All shifts? (circle) (including nights, weekends, holidays & rotating shifts)	Seasonal <input type="checkbox"/>	Intermittent <input type="checkbox"/>
Yes	No	<small>Intermittent: as needed, without regular schedule</small>

7. Date Available:

8. Are you 18 years or older? (circle) Yes  No

9. Are you a United States citizen or legally eligible for employment in the United States? (circle) Yes  No

(If offered employment, you will be required to provide documentation to verify eligibility)

10. Are you related to any person currently employed by Big Horn County? (circle) Yes  No

If yes, identify your relative(s) by name and relationship: \_\_\_\_\_

11. **CRIMINAL CONVICTIONS**

Have you ever been convicted of a felony?  Yes  No (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment)

If yes, describe in full, giving dates: \_\_\_\_\_

**GENERAL INFORMATION**

12. Driver License: Do you have a valid driver license?  Yes  No If yes, U.S. state of issue: \_\_\_\_\_

**NOTE:** If you have - or have had in the past three (3) years - a driver license issued from a state other than Montana, attach a Motor Vehicle Driving Record report from the state the driver license was issued.

Do you have a valid Commercial Driver License (CDL)?  Yes  No If yes, specify: CDL Class:  A  B  C

CDL Type:  1  2 Endorsements (circle):  Air Brakes  Hazardous Materials  Tanker  Doubles/Triples  Passenger/School Bus Date of first CDL: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other (specify): \_\_\_\_\_

13. Have you ever been denied issuance of a driver license or have you ever had a license suspended or revoked? (circle)  
(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment)  Yes  No

If yes, explain: \_\_\_\_\_

14. **EDUCATION**

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

15. List current professional licenses, registrations or certifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16.

### EMPLOYMENT HISTORY

List your employment in reverse chronological order (begin with your present and/or most recent work experience) for at least the last seven (7) years (include additional years if relevant to the job for which you are applying). Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. List reasons for periods of unemployment. If you need additional space, continue on separate sheet(s) of paper using the format below. **THE INFORMATION BELOW MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED.**

We may contact the employers listed below, unless you indicate those employers you do not want us to contact.

**PLEASE DO NOT CONTACT** (employer number(s) below): \_\_\_\_\_

Reason(s): \_\_\_\_\_

<b>1</b> Name & Complete Address of Employer	_____		
Your Job Title:	_____	Type of Business:	_____
Immediate Supervisor:	_____	Dates Employed:	_____ to _____
Phone Number:	_____	Type of Employment (circle):	Full-time    Part-time    Volunteer
Email Address:	_____	Reason for leaving:	_____
Describe your duties (including knowledge, skills, abilities required, employees you supervised, accomplishments): _____			

<b>2</b> Name & Complete Address of Employer	_____		
Your Job Title:	_____	Type of Business:	_____
Immediate Supervisor:	_____	Dates Employed:	_____ to _____
Phone Number:	_____	Type of Employment (circle):	Full-time    Part-time    Volunteer
Email Address:	_____	Reason for leaving:	_____
Describe your duties (including knowledge, skills, abilities required, employees you supervised, accomplishments): _____			

<b>3</b> Name & Complete Address of Employer	_____		
Your Job Title:	_____	Type of Business:	_____
Immediate Supervisor:	_____	Dates Employed:	_____ to _____
Phone Number:	_____	Type of Employment (circle):	Full-time    Part-time    Volunteer
Email Address:	_____	Reason for leaving:	_____
Describe your duties (including knowledge, skills, abilities required, employees you supervised, accomplishments): _____			

<b>4</b> Name & Complete Address of Employer	
Your Job Title: _____	Type of Business: _____
Immediate Supervisor: _____	Dates Employed: _____ to _____
Phone Number: _____	Type of Employment (circle): Full-time Part-time Volunteer
Email Address: _____	Reason for leaving: _____
Describe your duties (including knowledge, skills, abilities required, employees you supervised, accomplishments): _____	

<b>5</b> Name & Complete Address of Employer	
Your Job Title: _____	Type of Business: _____
Immediate Supervisor: _____	Dates Employed: _____ to _____
Phone Number: _____	Type of Employment (circle): Full-time Part-time Volunteer
Email Address: _____	Reason for leaving: _____
Describe your duties (including knowledge, skills, abilities required, employees you supervised, accomplishments): _____	

<b>6</b> Name & Complete Address of Employer	
Your Job Title: _____	Type of Business: _____
Immediate Supervisor: _____	Dates Employed: _____ to _____
Phone Number: _____	Type of Employment (circle): Full-time Part-time Volunteer
Email Address: _____	Reason for leaving: _____
Describe your duties (including knowledge, skills, abilities required, employees you supervised, accomplishments): _____	

<b>17.</b>	<b>KNOWLEDGE, SKILLS, EXPERIENCE AND ABILITIES</b>
List other skills, education, experience and abilities relevant to the job for which you are applying (such as computer skills, equipment you know how to use, etc. May also list skills from volunteer work such as Habitat for Humanity or from professional organizations like Toastmasters):	

18. **REFERENCES**

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

<b>1</b>	Name:
	Address:
	City, State, Zip:
	Email Address:
	Phone Number:
<b>2</b>	Name:
	Address:
	City, State, Zip:
	Email Address:
	Phone Number:
<b>3</b>	Name:
	Address:
	City, State, Zip:
	Email Address:
	Phone Number:

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

Big Horn 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:

20. **PLEASE READ THE FOLLOWING CAREFULLY, SIGN & DATE THE APPLICATION**

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

My signature below certifies that all information on this application and all attached pages are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations.

I understand that falsification, misrepresentation or omission of information is sufficient cause for rejection of this application and may disqualify me from consideration for employment with Big Horn County, or if hired, may be grounds for discharge (termination) from employment at a later date.

I further understand that all information on this application is subject to verification and I consent to 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

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21. **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 (DPHHS), for details on obtaining Persons With Disabilities Preference certification. **SIGN ONE BOX BELOW.**

**I AM NOT CLAIMING PREFERENCE**

Applicant Signature

Date

\*\*\*\*\* OR \*\*\*\*\*

**I AM CLAIMING PREFERENCE**

1. To claim **VETERANS' EMPLOYMENT PREFERENCE**, you must be a U.S. Citizen and be (check one box below):

- A.  **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.
- B.  **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.
- C.  **The spouse of a disabled veteran**, if the veteran's disability prevents him/her from working.
- D.  **The unremarried surviving spouse** of a veteran or disabled veteran.
- E.  **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 box 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 one (1) year immediately before applying for employment.

3. **IF YOU CLAIM PREFERENCE, DOCUMENTATION MUST BE ATTACHED.** Check which attachment(s) you included with this application:

- DD-214 showing the character of military discharge
- Service-connected disability letter
- DPHHS 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 regarding my claim of preference 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.

Applicant Signature

Date

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# Driver Record Request

PLEASE PRINT P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816 • [driverlicense@mt.gov](mailto:driverlicense@mt.gov) • [mvdmt.gov](http://mvdmt.gov)

Office Use [3]	<b>1. Requested Information (check one)</b> <input type="checkbox"/> A. Your Driving Record <input type="checkbox"/> B. Another Person's Driving Record <b>Intended Use:</b> To be completed if you check "B" above: <input type="checkbox"/> For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions. You must complete "Consent to Release Driving Record to Another Person or Entity" on next page. <input type="checkbox"/> For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual. <input type="checkbox"/> With written consent of the individual(s) who is/are the subject(s) of this search – The Personal information Express Consent form on page two must be completed. <input type="checkbox"/> For use as a part of the civil, criminal, administrative, or arbitrative proceeding in any court or government agency or before a self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgements and orders, pursuant to an order of any court. <input type="checkbox"/> For use by an insurer, insurance support agency, or self-insured entity about the investigation of claims, antifraud activities, ratemaking, or underwriting. <input type="checkbox"/> For use by a licensed private investigator or security service for any purpose authorized under Montana law. <input type="checkbox"/> For use by an employer or its agent to verify information related to a holder of commercial driver license required under federal or Montana law. <input type="checkbox"/> For use in providing notice to the owners of towed, abandoned, or impounded vehicles. <input type="checkbox"/> For use by a parent of a child under 18 years of age. <input type="checkbox"/> For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana Law. Describe other use: _____
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<b>2. Requester Information</b>			
Name of Requester: _____			
Employer/Company (if applicable): _____	Email _____		
Mailing Address: _____	City _____	State _____	Zip _____
Residential Address: _____	City _____	State _____	Zip _____
Daytime Phone: _____	Fax: _____	FEIN/ Driver License #: _____	State: _____

<b>3. Search Information: This Section must be complete.</b>  Full Name: _____  Date of Birth: _____  Driver License #: _____ (optional)	<b>4. Driving Records Fees</b> Make checks payable to: Motor Vehicle Division <input type="checkbox"/> Driving record = \$4.12 per record <input type="checkbox"/> Certified driving record = \$10.30 per record <input type="checkbox"/> Mail record = \$3.09 extra per mailing (unless a self-addresses, stamped envelope is included) <input type="checkbox"/> Digital File Transfer or Fax record = \$3.09 for the first five pages, (provide your fax number in section 2 above) <p style="text-align: right;"><b>Total = \$</b> _____</p>
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**5. Certification:** I certify under the penalty of law (§ 45-7-203, MCA Unsworn Falsification to Authorities):

- I have read the Montana driver Privacy Protection Act, § 61-11-501 through § 61-11-516, MCA, and understand that I can only use the information in driving or vehicle records for limited purposes.
- I understand that Montana law § 61-11-509(5), prohibits me from using the data to publish a driver or vehicle owner's personal information, disclose it to a third party, or contact individuals, except for a use that is specifically permitted in § 61-11-507 through § 61-11-509.
- I further understand if I am allowed to provide personal information or highly-restricted personal information that is sold or disclosed to a third party, I must create and maintain records for a period of not less than five years from the date of sale or disclosure that show the name, address, telephone number, and any other identifying information of the third party who bought or received the information and the specific permitted use for which the information was obtained. The records must be produced or made available for inspection at the request of the department.
- I am the person listed as the requester, or if I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.
- A list of persons prepared by a public agency may not be used as a distribution list without first securing the permission of those on the list.
- As used in this section, "distribution list" means any list of personal contact information collected by a public agency and used to facilitate unsolicited contact with individuals on the distribution list.

Signature of requester: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Consent to Release Driving Record & Non-identifiable Personal Information Request

PLEASE PRINT P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816 • [driverlicense@mt.gov](mailto:driverlicense@mt.gov) • [mvdmt.gov](http://mvdmt.gov)

This form authorizes the Department of Justice, Motor Vehicle Division, to release my driving record to another person or entity.

Name on Driving Record: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residing at: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize the Department of Justice to release my driving record to the following individual or entity:

Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify under penalty of law (§ 45-7-203, MCA Unsworn Falsification to Authorities):

- I have read the Montana Driver Protection Act, § 61-11-501 through 61-11-516, MCA, and I understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_