

Lincoln County is an Equal Opportunity Employer.

Job Openings are posted with Job Service Libby. If you need assistance obtaining or completing the application, please contact Job Service Libby:

http://libbyjobs.mt.gov

(406) 293-6282 OR E-mail: libbyjsc@mt.gov

All applications must be turned in to Job Service for processing.

Positions close at 5:00 p.m. MST on the posted closing date, unless otherwise noted. Detailed position descriptions and application forms may be obtained at Job Service Libby.

Attach additional documentation to the back of your completed application; check the Position Vacancy Announcement for any *required additional documentation*.

If a skill test is required, please contact the Job Service for information on how to complete the test. Any required skill test must be completed before the position closing date and submitted with your application.

Application forms must be returned to:

Job Service Libby

417 Mineral Ave. Ste. 4 Libby, MT 59923

(406) 293-6282

FAX: 406-293-5134

E-Mail: libbyjsc@mt.gov

Public Sector Application

Please complete this application by typing or printing in ink.

Employer _					
Job Order # _		Job Title			
PERSONAL DATA					
Full Name					
Present Address	Street / P.O. Box	ſ	Dity	State	Zip Code
Phone	Street / P.O. Box En				·
EDUCATION					
High School Diploma/GED/	HiSET? Yes No				
	Name	Location	Phone	Diploma/Deg	ree/Specialization
High School					
-					
WORK EXPERIENCE	(List most recent work exp	perience first.)			
			te Supervisor		
Company Address			•		
	Street / P.O. Box		Dity	State	Zip Code
Job Title			Phone		
Job Description (duties, skil	lls, equipment used)				
From (mm/yy)	To (mm/yy)	_ Reason for Leaving _			
WORK EXPERIENCE					
Company Name		Immedia	te Supervisor		
Company Address					
	Street / P.O. Box		Dity	State	Zip Code
Job Title			Phone		
Job Description (duties, skil	lls, equipment used)				
Dates		_ Reason for Leaving			
From (mm/yy)	To (mm/yy)	-			

WORK EXPERIENCE

Company Name		Immediate Supervisor				
Company Address	Street / DO Day	Oit.	Ctata	Zin Oode		
	Street / P.O. Box	City	State	Zip Code		
		Phone				
Job Description (duties, sl	kills, equipment used)					
Dates	R	eason for Leaving				
From (mm/yy)	To (<i>mm/yy</i>)					
ADDITIONAL INFO	RMATION					
Other Relevant Experienc	e					
Licenses, Certificates, sp	ecial skills, etc.					
REFERENCES (Refe	rences should have experience w	vith your work history.)				
Name		Location		Phone		
If you need accommodation available to assist you.	ons for the application or hiring proc	cess please speak with the employer.	Job Service Mo	ntana staff are		
Do you i	need an accommodation to particip	pate in the application or interview pro	cess? Yes	No		
The information that you p		t to verification. Falsifications or misre		may disqualify you		
		we contact your present employer?	Yes No			
With my signature below (typed or written), I certify that all inf I contains no willful falsifications or	formation on this and all attached pag misrepresentations. I authorize all for				

Signature	Date

The Montana Department of Labor & Industry makes available this generic Employment Application form solely for the convenience of employers and job seekers. The Department makes no representations or warranties as to the suitability of this Employment Application for any particular employer or job opening, and disclaims any liability that might arise from the use of this Employment Application by an employer or a job seeker.

Applicant Survey

Title VII of the U.S. Civil Rights Act requires employers 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 of the employer.

Because this sheet is separated from you prevent duplicate records, please answer t		ur name, address and phone number again. To u for your cooperation.		
Name				
First	Middle	Last		
Mailing Address	City/State/Zip			
Email	Home Phone			
Other Phone Numbers (such as business,	cellular) – Indicate type of phone	Э.		
Type Phone No	Туре	Phone No.		
Job Applied For: Job Title		Date		
Location				
REFERRAL SOURCE - How did you FIR: Newspaper Ad Job Career/Job Fair Tril Friend Water	Service Posting bal Employment Rights Office Re] Internet Listing eferral] Other		
ARE YOU OF HISPANIC OR LATINO OR Central American, or other Spanish culture		on of Cuban, Mexican, Puerto Rican, South or		
SELECT ONE OR MORE OF THE FOLLO	WING RACIAL CATEGORIES:			
RACE / ETHNIC IDENTIFICATION – Please select one or more of the following racial categories.				
		rigins in any of the original peoples of North or ribal affiliations or community attachment)		
ASIAN (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)				
🗌 AFRICAN AMERICAN / BLAC	K (A person having origins in any	of the black racial groups of Africa)		
NATIVE HAWAIIAN OR OTHE Hawaii, Guam, Samoa, or othe		n having origins in the original peoples of		
WHITE (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)				
	e box that best describes your m Reserve 🔲 Inactive Reserve ed Veteran	ilitary status.		

Employment Information

EQUAL EMPLOYMENT OPPORTUNITY – We are an equal employment opportunity employer; we do not discriminate in employment based upon race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation or political beliefs; and implements and maintains an effective equal employment opportunity program.

APPLICATION AND SELECTION PROCESS – The process used to evaluate an applicant's qualifications may include an evaluation of the Employment Application, an interview and reference or background checks.

REASONABLE ACCOMMODATIONS – 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. If an accommodation is needed to participate in any selection process, make arrangements well in advance of the process. A description of the selection process and the essential job duties is included in the job announcement.

EMPLOYMENT PREFERENCE – The Veteran's Public Employment Preference Act and the Persons with Disabilities Public Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming preference must complete an Employment Preference Form, PD-25A, available through your local Montana Job Service Workforce Center or see the website at <u>http://wsd.dli.mt.gov/</u>. You must also provide the appropriate documentation of eligibility with the application. The required documentation may include a DD-214; a document issued by the Office of the Adjutant General of the Montana National Guard certifying service; or a PHHS Certifications of Disability form. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service Workforce Center.

IMMIGRATION REFORM AND CONTROL ACT – In accordance with the Immigration Reform and Control Act, the person selected must produce within three days of hire, documentation that he or she is authorized to work in the United States. Examples of such documentation include a birth certificate or social security card along with a driver's license or other picture I.D., a United States Passport, Certificate of Naturalization, a Permanent Resident Card, and Alien Registration Receipt Card (Green Card) or a Resident Alien Card.

MONTANA COMPLIANCE WITH MILITARY SELECTIVE SERVICE ACT – In accordance with the Montana Compliance with Military Selective Service Act, men selected for employment must produce documentation showing compliance with the federal Military Selective Service Act. Examples of this documentation include a registration card issued by Selective Service, a letter from Selective Service showing a man was not required to register, or information showing by a preponderance of evidence that a man's failure to register with Selective Service was not done knowingly or willfully.