## **Public Sector Application**

Please complete this application by typing or printing in ink.

Employer					
PERSONAL DATA					
Full Name					
Present Address	Street / P.O. Box		City	State	Zip Code
Dhana	,				·
Pnone	Er	nali Address			
EDUCATION					
High School Diploma/GED	/HISET? Yes No				
	Name	Location	Phone	Diploma/Deg	ree/Specialization
High School					
College/University					
Courses & Training					
	_				
	(List most recent work ex				
Company Name		Immedia	te Supervisor		
Company Address	Street / P.O. Box	(	City	State	Zip Code
loh Title	,				·
Job Description (duties, ski	iis, equipment usea)				
Dates		Pageon for Logying			
From (mm/yy)	To (mm/yy)	_ Reason for Leaving			
WORK EXPERIENCE	-				
	-	Immedia	te Sunervisor		
		IIIIIIedia	te Supervisor		
Company Address	Street / P.O. Box	(	City	State	Zip Code
lob Title			Phone		
<b>Job Description</b> (duties, ski	Ils, equipment used)				
Dates	To (none (ss.)	_ Reason for Leaving			
From (mm/yy)	To (mm/yy)				

## **WORK EXPERIENCE** Company Name \_ Immediate Supervisor \_\_ Company Address \_\_\_ Street / P.O. Box City State Zip Code Job Title \_ Phone \_ Job Description (duties, skills, equipment used) Reason for Leaving \_\_\_ Dates From (mm/yy) To (mm/yy) ADDITIONAL INFORMATION Other Relevant Experience Licenses, Certificates, special skills, etc. REFERENCES (References should have experience with your work history.) Name Location **Phone**

If you need accommodations for the application or hiring process please speak with the employer. Job Service Montana staff are available to assist you.

Do you need an accommodation to participate in the application or interview process?

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

> Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me.

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 your application, please give us your name, address and phone number again. To prevent duplicate records, please answer the following questions. Thank you for your cooperation.					
Name					
First Middle Last  Mailing Address City/State/Zip					
Email Home Phone					
Other Phone Numbers (such as business, cellular) – Indicate <b>type</b> of phone.					
Type Phone No Type Phone No					
Job Applied For: Job Title Date					
Location					
REFERRAL SOURCE - How did you FIRST learn of this position?  Newspaper Ad Source Posting Source					
☐ FEMALE ☐ MALE					
ARE YOU OF HISPANIC OR LATINO ORIGIN? YES NO (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)					
SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES:					
RACE / ETHNIC IDENTIFICATION – Please select one or more of the following racial categories.					
☐ AMERICAN INDIAN or ALASKAN NATIVE (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal 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 / BLACK (A person having origins in any of the black racial groups of Africa)					
■ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)					
☐ WHITE (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)					
MILITARY STATUS – Please check the one box that best describes your military status.  No Military Service Active Reserve Inactive Reserve Retired Vietnam Veteran  Other Veteran Disabled Veteran					

## **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 <a href="http://wsd.dli.mt.gov/">http://wsd.dli.mt.gov/</a>. 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.