

# Richland COUNTY

## EMPLOYMENT APPLICATION

Richland County is an Equal Opportunity Employer

The County provides equal opportunity for employment, retention and advancement to all people regardless of race, color, creed, national origin, religious or political affiliation, sex, age, marital status, mental or physical disabilities.

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 or federal law.

### READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND:

- What attachments (transcript, resumé, DD-214, etc.) must be submitted in order for your application to be considered.
- The closing date for receipt of your application.
- The required special qualifications or licenses.

**PLEASE NOTE:** Incomplete or unsigned applications will not be considered.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

Job Title \_\_\_\_\_  
Department \_\_\_\_\_  
Date Available to Start Work:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### If required for this position:

Do you have a valid driver's license?  Yes  No Commercial type: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
Are you willing to travel overnight?  Yes  No

Will you accept:  Full-time  Part-time (less than 40 hours/week)  
 Permanent  Temporary  Seasonal  
 Rotating shifts  On-call

**Reasonable accommodation:** Richland County is committed to make a reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the application and interview process. If you would like us to consider any such accommodation, please attach a description of the desired accommodation.

**Employment Preference:** Richland County complies with the Veteran and Handicap Employment Preference Acts, which provide preference in public employment for certain military veterans and handicapped persons or their eligible spouses. Contact your local Vocational Rehabilitation Services Office (Dept. of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. For more information, contact your local Job Service Office. If you are claiming this employee preference, you must complete the 'Employment Preference' section of this application.

**EDUCATION**

**HIGH SCHOOL - Received:**

**Name/Address of High School awarding diploma:** \_\_\_\_\_

Diploma or Equivalent (GED)

None – (If "None," enter highest grade completed): \_\_\_\_\_

COLLEGE / UNIVERSITY & LOCATION	DATES ATTENDED	CREDIT HRS EARNED	DEGREES RECEIVED	DATE of DEGREE	MAJOR	MINOR

OTHER RELEVANT SCHOOL/TRAINING NAME & LOCATION	DATES ATTENDED	COMPLETE?	TITLE/DESCRIPTION OF COURSE	TOTAL HOURS

**PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (CPA, etc)**

LICENSING AGENCY NAME & COMPLETE ADDRESS	LICENSE TYPE	ENDORSEMENT/RESTRICTION (IF APPLICABLE)	DATE LICENSED

**If applying for skilled craft jobs, are you a recognized Journey Level Worker?**  YES  NO  
 If "yes," in what craft or trade? \_\_\_\_\_ When received? \_\_\_\_\_

**SPECIAL SKILLS / EQUIPMENT:** Please list special skills / equipment that is relevant to the position for which you are applying. List types of equipment you can operate and, if applicable, specify name of model you have used.

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## EXPERIENCE

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. List each promotion as a separate position. If the block provided below is not an adequate amount of space, you may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed.

PLEASE NOTE: 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.**

Do you want to be informed before we contact your present employer?  YES  NO

**Business Name** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Business Type** \_\_\_\_\_

**Immediate Supervisor Name & Phone** \_\_\_\_\_

**Dates Employed:** \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

**Highest Salary:** \$ \_\_\_\_

**Full-Time**  **Part-Time**  **Volunteer**

**Average Hours worked per week:** \_\_\_\_

**Describe your duties** (job title, knowledge, skills, abilities required, employees supervised, accomplishments):

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**Reason for Leaving:** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Business Type** \_\_\_\_\_

**Immediate Supervisor Name & Phone** \_\_\_\_\_

**Dates Employed:** \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

**Highest Salary:** \$ \_\_\_\_

**Full-Time**  **Part-Time**  **Volunteer**

**Average Hours worked per week:** \_\_\_\_

**Describe your duties** (job title, knowledge, skills, abilities required, employees supervised, accomplishments):

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**Reason for Leaving:** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Business Type** \_\_\_\_\_

**Immediate Supervisor Name & Phone** \_\_\_\_\_

**Dates Employed:** \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

**Highest Salary:** \$ \_\_\_\_

**Full-Time**  **Part-Time**  **Volunteer**  **Average Hours worked per week:** \_\_\_\_

**Describe your duties** (job title, knowledge, skills, abilities required, employees supervised, accomplishments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Complete Address** \_\_\_\_\_

**Business Type** \_\_\_\_\_

**Immediate Supervisor Name & Phone** \_\_\_\_\_

**Dates Employed:** \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

**Highest Salary:** \$ \_\_\_\_

**Full-Time**  **Part-Time**  **Volunteer**  **Average Hours worked per week:** \_\_\_\_

**Describe your duties** (job title, knowledge, skills, abilities required, employees supervised, accomplishments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**REFERENCES** (preferably those who know about your work/training)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To claim preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. 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 to apply employment preference. 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.

**VETERANS' EMPLOYMENT PREFERENCE:** Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. To claim Veterans' Employment Preference, you must be a U.S. citizen and (check one of the boxes):

- A Veteran, if 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, or 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 you have been separated under honorable conditions from active duty, AND 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 the spouse from working.
- The un-remarried surviving spouse of a veteran or disabled veteran.
- The parent of a veteran, if the veteran lost their life under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent and total disability, AND your spouse is totally and permanently disabled, or you are the un-remarried surviving spouse of the parent of the veteran.

#### **DISABILITY EMPLOYMENT PREFERENCE**

To claim **Persons with Disabilities Employment Preference**, candidate must be an officially certified-handicapped person, or the spouse of an officially-certified totally disabled person.

**Include applicable documentation showing employment preference eligibility.**

DD-214 showing the character of discharge  
National Guard documentation

Service-connected disability letter  
Disability Certification

**BONA FIDE OCCUPATIONAL QUALIFICATIONS**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  YES  NO If Yes, what can be done to accommodate your limitation?

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Were you ever seriously injured?  YES  NO If Yes, please provide details.

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Have you been convicted of a felony or misdemeanor within the last five years?  YES  NO  
If Yes, list charges

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I understand that I may be required to take a physical examination as a condition of hiring or continued employment, and may also be required to comply with drug testing requirements. I agree to these examinations, and release the County from any claim arising in connection with them.  YES  NO

**AUTHORIZATION**

I certify the facts contained in this application are true and complete to the best of my knowledge, and I understand that if employed, false statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein, and the references listed above are authorized to give you any and all information concerning my previous employment, and any other pertinent information they may have (personal or otherwise), and release all parties from all liability for any damage that may result from relaying this information to you.

I understand and agree that if hired, my employment is for no definite period and may be terminated at any time, regardless of compensation date.

Signature \_\_\_\_\_ Date \_\_\_\_\_