

METRAPARK - APPLICATION

FOR TEMPORARY EMPLOYMENT YELLOWSTONE COUNTY, MONTANA

AN EQUAL OPPORTUNITY EMPLOYER

Employees of Yellowstone County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, creed, religion, political affiliation, national origin, disability, marital status, sex or age.

Based on the duties of some positions minimum age requirements may apply.

(Last)	(First)	(Middle)	(Telephone)
Address			
(Number & Street)	(City)	(State & Zip)	(Message Telephone)
Are you 16 years or older? () Yes () No	So So	cial Security Number:	
Position applying for:	D	epartment: <u>METRAPARK – TE</u>	EMPORARY WORKER
List other names, if any, used on employment or edu	cation records:		
Are you prevented from lawfully becoming employed United States because of Visa or Immigration Status Are you Bondable? () Yes () No		Yes () No	
Are you boildable: () Tes () No			
Have you ever worked or Yellowstone County? Whe	re?	When?	
Position Held?		Reason for Leaving?	
Do you have any relatives working for Yellowstone	County?		

EDUCATION

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

EMPLOYMENT HISTORY

(Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Give a complete record of employment.)

Most recent employment first

May we contact employer listed below? YES () NO ()

Position/Title	Fı	rom Mo./Yr.		To Mo./Yr.
Employer				
Address				
Salary				
Supervisor's Name & Title				
In your own words describe your work:				
	_	_		
Reason for Leaving:				-
		May we contac	t employer liste	ed below? YES () NO ()
Position/Title	Fı	rom Mo./Yr.		To Mo./Yr.
Employer				
Address				
Salary				
Supervisor's Name & Title			Phone No.	
In your own words describe your work:				
Reason for Leaving:				
		May we contac	t employer liste	ed below? YES () NO ()
Position/Title	F:	rom Mo./Yr.		To Mo./Yr.
Employer			Phone:	
Address			State:	Zip:
Salary				
Supervisor's Name & Title			Phone No.	
In your own words describe your work:				
Reason for Leaving:		_		

Position/Title			F	From Mo	o./Yr.		To	Mo./Yr.	
Employer									
Address						· · · · · · · · · · · · · · · · · · ·			
		Ful							
Supervisor's Name &									
In your own words dea	scribe your	work:							
 									
Reason for Leaving:									
Disease analoin ony no		1							1
Please explain any per	nods of uner	nployment:							
A 11 - 1300									
Add additional pages if	necessary.								
			DEE	PPENC	Ed				
		(Mini)		ERENC eference	ES s are require	d.)			
1) Nama					•				
Name									
Address					-				
State	Z	ـــــــــــــــــــــــــــــــــــــ			Phone				
2)					- <u>-</u>				
Name									
Address					-				
State	Z	Zip			Phone				
3)									
Name					Title				
Address					City				
State	Z	Zip			Phone				
Have you ever worke	d for Metral	Park or Montana	Fair? 🗆 N	No 🗆	Yes When:				
AVAILABILITY:	* 40NID A V	THEODAY	WEDNIE	ODAV	THIDEDA	37 EDIDA	17		CLINIDAY
Hours Available I From	MONDAY	TUESDAY	WEDNES	SDAY	THURSDA	Y FRIDA	ΑΥ	SATURDAY	SUNDAY
То									

MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Employment Preference Act or Handicapped Persons' Employment Preference Act, complete the following (documentation will be required):

To claim Veterans' Employment Pres	erence you must be a U.S. citize	n and (check one of the boxes below):
() A Veteran separated under honorab	le conditions.	
() A Disabled Veteran separated under	r honorable conditions.	
() The spouse of a disabled veteran if	the veteran's disability prevents h	im/her from working.
() The unremarried surviving spouse of	of a veteran or disabled veteran.	
() The mother of a veteran, if the vete OR has a service-connected, perma		le conditions while serving in the Armed Forces,
You may claim Handicapped Persons () A handicapped person certified by S	- ·	neck on of the boxes below):
() The spouse of totally (100%) disable	ed person certified by SRS.	
If you checked one of the above boxes Are you a Montana resident?	for Handicapped Persons' Em	
	CERTIFICATION FOR RELEA ch application requires current da	SE OF INFORMATION
I am an applicant for a position with Y to determine my qualifications and sui		required to furnish information, which the County may use
information herein, regardless of time	of discovery, may cause forfeiture and that all information on this ap	nd I agree and understand that any falsification of e on my part of any consideration or employment with oplication is subject to verification and I consent to a
	ng this application. I further release	ferences, former employers, educational institutions or any ase said County, as well as my former employers, from any
Date:	Signature	
		lease feel free to attach your resume to this application, or ating your qualifications for the position.
	Submit completed and sign	ed application to:
	MetraPark 308 - 6 th Avenue North	MetraPark
	Billings, MT 59101	PO Box 2514 Billings, MT 59103
	METRAPARK OFFIC	E USE ONLY
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Applicant Survey

Completion of this Applicant Survey is on a voluntary basis and will not affect your eligibility for employment.

Title VII of the U.S. Civil Rights Act requires Yellowstone County 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. 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 in county government.

Position Title:	
Name:	
How did you first learn of this position? () Newspaper () Montana Job Service () A referral/assistance organization () Other (specify)	() A County employee() Posted in a County office or bulletin board() Internet
Date of Birth (month/day/year):	<u></u>
() Male () Female	
Africa or the Middle East. () BLACK or AFRICAN AMERICAN (I racial groups of Africa. () HISPANIC or LATINO – A person ha American or other Spanish Cultures, re () ASIAN (Non-Hispanic or Latino) – A East, Southeast Asia, or the Indian sub Korea, Malaysia, Pakistan, the Philippi () AMERICAN INDIAN or ALASKAN peoples of North and South America (i through tribal affiliation or community () NATIVE HAWAIIAN or OTHER PAI origins in any of the peoples of Hawaii	person having origins in any of the original peoples of Europe, North Non-Hispanic or Latino) - A person having origins in one of the black ving origins in Mexican, Puerto Rican, Cuban, Central or South egardless of race. person having origins in any of the original peoples of the Far continent. This area includes, for example China, India, Japan, ines, Thailand and Vietnam. NATIVE – A person having origins in any of the original including Central America) who maintains cultural identification
VETERAN STATUS Check the box(es) that describe your veteran stat () Vietnam Era Veteran () Veteran of Other War Era () Other Veteran () Disabled Veteran () Not a Veteran DISABILITY STATUS: If applicable, check any disability you have: () Hearing impairment () Mobility impairment () Multiple disabilities	
Do you have certification from the Department of Employment Preference? () YES	of Social & Rehabilitation Services for Handicapped Persons' () NO