



YELLOWSTONE COUNTY, MONTANA

APPLICATION FOR EMPLOYMENT

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.*

***Yellowstone County encourages applications from diverse candidates
and candidates who support diversity.***

PLEASE READ CAREFULLY - PRINT CLEARLY OR TYPE - ANSWER ALL QUESTIONS

Name in full _____ ()
(Last) (First) (Middle) (Telephone)

Address _____ ()
(Number & Street) (City) (State & Zip) (Message Telephone)

Are you 18 years or older? Yes No Social Security Number: _____

Position applying for: _____ Department: _____

List other names, if any, used on employment or education records: _____

Are you prevented from lawfully becoming employed in the
United States because of Visa or Immigration Status? Yes No

Have you ever worked Yes
for Yellowstone County? No Department? _____ When? _____

Position Held? _____ Reason for Leaving? _____

Do you have any relatives working for Yellowstone County? Yes No _____

If yes, where? _____

Have you ever been convicted of a felony? Yes No (Conviction is not an automatic bar to employment.)
If yes, describe in full giving
dates: _____

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			1	2	3	4		
High School							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College/ University							<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week _____
Supervisor's Name & Title _____		Phone No. _____
In your own words describe your work: _____		
Reason for Leaving: _____		

May we contact employer listed below? YES NO

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week _____
Supervisor's Name & Title _____		Phone No. _____
In your own words describe your work: _____		
Reason for Leaving: _____		

May we contact employer listed below? YES NO

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week _____
Supervisor's Name & Title _____		Phone No. _____
In your own words describe your work: _____		
Reason for Leaving: _____		

May we contact employer listed below? YES NO

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week _____
Supervisor's Name & Title _____	Phone No. _____	
In your own words describe your work: _____		
Reason for Leaving: _____		

Please explain any periods of unemployment: _____

Add additional pages if necessary.

REFERENCES (Minimum of 3 references are required.)	
1)	
Name _____	Title _____
Address _____	City _____
State _____ Zip _____	Phone _____
2)	
Name _____	Title _____
Address _____	City _____
State _____ Zip _____	Phone _____
3)	
Name _____	Title _____
Address _____	City _____
State _____ Zip _____	Phone _____

SKILLS Check the skills you possess.						
<input type="checkbox"/> Keyboarding/Typing	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Ten-Key	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Outlook	<input type="checkbox"/> Internet Explorer
<input type="checkbox"/> Other Software _____						

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 Preference you must be a U.S. citizen and (check one of the boxes below):

- A Veteran separated under honorable conditions.
- A Disabled Veteran separated under honorable conditions.
- The spouse of a disabled veteran if the veteran's disability prevents him/her from working.
- The unremarried surviving spouse of a veteran or disabled veteran.
- The mother of a veteran, if the veteran lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service-connected, permanent, and total disability.

You may claim Handicapped Persons' Employment Preference as (check on of the boxes below):

- A handicapped person certified by SRS.
- The spouse of totally (100%) disabled person certified by SRS.

If you checked one of the above boxes for Handicapped Persons' Employment Preference Act:

Are you a Montana resident? Yes No If "YES", date residency established: _____

**CERTIFICATION and
AUTHORIZATION FOR RELEASE OF INFORMATION**
(Each application requires current date and original signature.)

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

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any consideration or employment with Yellowstone County. I further understand that all information on this application is subject to verification and I consent to a criminal history / driving background checks for applicable positions.

I also consent that authorities of Yellowstone 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.

Date: _____ Signature _____

We appreciate your interest in employment with Yellowstone County. Please feel free to attach your resume to this application, or any other additional information which you feel will be helpful in evaluating your qualifications for the position.

Submit completed and signed application to:

Human Resources
Yellowstone County
217 N. 27th Street, Room 202
Billings, MT 59101

Mailing Address:
Human Resources
P.O. Box 35041
Billings, MT 59107

OFFICE USE ONLY

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 (Optional): _____

How did you **first** learn of this position?

- | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> A County employee/ friend |
| <input type="checkbox"/> Montana Job Service | <input type="checkbox"/> Posted in a County office or bulletin board |
| <input type="checkbox"/> A referral/assistance organization | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Internal candidate/Current County Employee | |
| <input type="checkbox"/> Other (specify) _____ | |

Date of Birth (month/day/year): _____/_____/_____

- Male Female

RACE/ETHNICITY

Please check the ONE box that best describes your race/ethnicity:

- WHITE** (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** (not of Hispanic origin) - A person having origins in one of the black racial groups of Africa.
- SPANISH (HISPANIC)** – A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of race.
- ASIAN or PACIFIC ISLANDER** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippines, and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE** – A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.

VETERAN STATUS

Check the box(es) that describe your veteran status:

- Vietnam Era Veteran
- Veteran of Other War Era _____
- Other Veteran
- Disabled Veteran
- Not a Veteran

DISABILITY STATUS

If applicable, check any disability you have:

- | | |
|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Mobility impairment | <input type="checkbox"/> Mental impairment |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Other _____ |

Do you have certification from the Department of Social & Rehabilitation Services for Handicapped Persons' Employment Preference? YES NO