



## 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: _____                   |                                    |                                                     |

ADD ADDITIONAL PAGES IF NECESSARY



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

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

- A handicapped 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 of employment opportunities with Yellowstone County or termination of my existing 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. 27<sup>th</sup> Street, Room 106  
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: \_\_\_\_\_

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

- Newspaper  A County employee  
 Montana Job Service  Posted in a County office or bulletin board  
 A referral/assistance organization  Internet  
 Other (specify) \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Male  Female

**RACE/ETHNICITY** – Please check the ONE box that best describes your race/ethnicity:

- WHITE** (Non-Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.  
 **BLACK** or **AFRICAN AMERICAN** (Non-Hispanic or Latino) - A person having origins in one of the black racial groups of Africa.  
 **HISPANIC** or **LATINO** – A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of race.  
 **ASIAN** (Non-Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand and Vietnam.  
 **AMERICAN INDIAN** or **ALASKAN NATIVE** – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community recognition.  
 **NATIVE HAWAIIAN** or **OTHER PACIFIC ISLANDER** (Non-Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
 **TWO or MORE RACES** (Non-Hispanic or Latino) – A person who identifies with two or more racial categories named above.

### **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:

- Hearing impairment  Visual impairment  
 Mobility impairment  Mental impairment  
 Multiple disabilities  Other \_\_\_\_\_

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