

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

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 _____

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 un-remarried 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 Detention Facility**. As such, I am required to furnish information, which Yellowstone County may use to determine my qualifications and suitability for employment.

In this connection, I hereby expressly authorize the release of any and all information, which you may have concerning me, including information of a confidential or privileged nature. 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 regarding this application.

I hereby release Yellowstone County and any organization, company, institution or person furnishing information to Yellowstone County, as expressly authorized herein, from any and all liability for damage, which may result from furnishing the information requested.

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.

Print Full Legal Name: _____

Present Address: _____

City	State	Zip
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Social Security Number _____ Phone _____

Date of Birth _____ Place of Birth _____

Email Address: _____

Signature _____ Date _____

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 106
Billings, MT 59101

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

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