



# 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

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.

**A RESUME IS REQUIRED WITH COUNTY APPLICATION.**

<b>REFERENCES</b> (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 _____

<b>SKILLS</b> Check the skills you possess.	
<input type="checkbox"/> 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 Persons with Disabilities Employment Preference, check the appropriate box(es) below: (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 Disabled Persons Employment Preference as (check on of the boxes below):**

- A disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.
- The spouse of totally (100%) disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.

**If you checked one of the above boxes for Persons with Disabilities 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 Vocational Rehabilitation and Blind Services or U.S. Department of Veteran’s Affairs for Disabled Persons Employment Preference?  YES  NO