

Jefferson County, Montana An Equal Opportunity Employer

Please type or print and fill out the form completely. If a question does not apply, write "N/A". If additional space is needed, attach extra sheets. Please mail completed application and resume to:

Kellie J. Doherty Jefferson County Personnel Officer PO Box H Boulder, MT 59632

If you have questions contact (406) 225-4010

1. Name	Last:	First:	MI:		
2. Address City, State, Zip	Street:				
	City:	State:	Zip:		
3. Phone Number	Home/Cell:	Work:			

4. Specific Position Applying for:	p				
5. Will you accept:			On-Call work?	Yes	No
Permanent work?	Yes	No	Temporary work?	Yes	No
Full-time work?	Yes	No	Part-time work?	Yes	No
6. Hours of work desired:					
7. Date available:					
8. Minimum salary acceptable:					

9. Do you have a valid MT Driver's license?	Operators	Yes	No
	Commercial	Yes	No
10. Are you related to any person currently employed If yes, please identify them by name and relation	Yes	No	
 11. Have you ever been convicted of a felony? If yes, please explain:	Yes	No	
12. If a finalist for the position, would you permit a security investigation?		Yes	No

13. Please give the names, addresses and phone numbers of three persons, excluding relatives and previous employers, who have knowledge of your experience, abilities, and character as they relate to this job.	
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14.	PREFERENCE:	Applies to initial hires only.	Only complete if claiming preference.
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 Montana Law provides for preference in public employment for handicapped persons. Persons' Employment Preference, please complete the following and attach SRS Certification 		ng Handicapped
1. Have you been a resident of Montana for one year prior to application?	Yes	No
2. Are you a U.S. Citizen?	Yes	No
3. Have you been a resident of Jefferson County for 30 days immediately prior to application?	Yes	No
B. Do you claim veteran's preference? (Please attach verifying form.)	Yes	No

15. Education Level	Name/Location	Major Course	Degree/Certificate
High School	2		
College/University			
Business/Vocational			
Other			

 16. Can we contact your la Failure to respond to any quin disqualification of your approximately 	Yes or No?				
Name and Address of Employer:	Name and Phone Number of Immediate Supervisor: 4	Reason for Leaving: ⇒			1
			Hrs/Week	Dates:	Beginning Salary/ Ending Salary:

Nature of Work /Duties:

Name and Address of Employer:	Name and Phone Number of Immediate Supervisor: ↓	Reason for Leaving: ➪			
			Hrs/Week	Dates:	Ending Salary:
Nature of Work /Duties:					

Name and Address of Employer:	Name and Phone Number of Immediate Supervisor: ↓	Reason for Leaving: ⇔			
			Hrs/Week	Dates:	Ending Salary:
Nature of Work /Duties:					

17.	Special Qualifications:	Describe any other qualifications such as software, typing, special skills, honors, awards received,
	licenses, certifications,	etc.

Read carefully before signing. AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING:

- 1. You must meet minimum age requirements of applicable laws.
- 2. Applications must be received in the Personnel Office by the deadline as posted. Postmarks will not be accepted.
- 3. Jefferson County may conduct investigations including verification of prior employment and education history. By signing this application you authorize Jefferson County to make these investigations and you include your awareness that false statements or failure to disclose information may be sufficient to disqualify you for employment, or if employed, may result in your dismissal.
- 4. If you need assistance or accommodation with the application or interview process, contact the Personnel Office at (406) 225-4010.
- 5. Jefferson County does not accept applications unless there is a specific opening. If you submit an application for a position that is not vacant, your application will not be processed or saved.

Applicant's Signature:	Date: