

APPLICATION FOR EMPLOYMENT



CITY OF WHITEFISH
PO Box 158
Whitefish, MT 59937-0158
(406) 863-2400

Use tab key to move through fields

Notice To Applicants

We welcome you as an applicant for employment. It is the policy of the City of Whitefish to consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, marital status, the presence of a non-job related medical condition or physical disability or any other legally protected status unless related to a bona fide occupational requirement. A separate application, resume and other supporting documentation must be submitted for each job vacancy as required by the job position. **LATE, INCOMPLETE** and/or **UNSIGNED*** application material, including those which do not follow the instructions, will **NOT** be considered.

Position Applied for: _____ **Department:** _____

Name: _____

LAST

FIRST

MIDDLE INITIAL

Present Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Home Phone: () _____

Have you ever been convicted of a felony? Yes

If yes, describe _____

Do you claim veteran's preference? Yes (see note below*) No

*If yes, you **must provide** a copy of legal documentation (DD-214) with this application.

Have you worked for the City of Whitefish before? Yes No

If yes, please give dates and department: Position: _____

Department: _____ From _____ To _____

Reason for leaving: _____

Do you have a relative working for the City of Whitefish? Yes No

If yes, what is their name? _____ What relation? _____

What Department do they work in? _____

EDUCATION:

Check highest grade completed 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma? Yes No

High School: _____

City _____ State _____

College/University: _____ Degree/Cert Earned: _____

City _____ State _____ Course of Study: _____

Vocational/Business/Other: _____ Degree/Cert Earned: _____

City _____ State _____ Course of Study: _____

Work Related References:

Name: _____ Work Relation: _____

Company Name: _____ Phone #: _____

Name: _____ Work Relation: _____

Company Name: _____ Phone #: _____

Name: _____ Work Relation: _____

Company Name: _____ Phone #: _____

SPECIAL SKILLS: Please describe your skills with hand and power tools, office machines, calculators, copying machines, word processors, computers, computer software, typing and shorthand speed, and proficiency, special secretarial skills, or skills required for the position applied for (*attach separate page if needing more room*).

EMPLOYMENT HISTORY

Title: _____ **Dates employed:** From _____ To _____
Company Name: _____ **Supervisor Name:** _____
Address: _____ **Supervisor Phone #:** _____
City: _____ **State:** _____ **Salary:** Start _____ Current/End _____

Describe work performed:

Reason for Leaving: _____

Title: _____ **Dates employed:** From _____ To _____
Company Name: _____ **Supervisor Name:** _____
Address: _____ **Supervisor Phone #:** _____
City: _____ **State:** _____ **Salary:** Start _____ Current/End _____

Describe work performed:

Reason for Leaving: _____

Title: _____ **Dates employed:** From _____ To _____
Company Name: _____ **Supervisor Name:** _____
Address: _____ **Supervisor Phone #:** _____
City: _____ **State:** _____ **Salary:** Start _____ Current/End _____

Describe work performed:

Reason for Leaving: _____

Additional work experience may be listed on a separate page or resume.

LIST ANY LICENSES AND/OR CERTIFICATIONS CURRENTLY HELD:

Military Service Information: Branch of Service _____

Active Service: From _____ To _____

Describe your duties and/or special training: _____

ACKNOWLEDGEMENT

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application whether on this document or not, is true and complete. I understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that I will be required to sign an authorization to release information if I am considered for employment.

I understand that, if employed by the City of Whitefish, I will be required to provide proof of my identity and the legal right to work in the United States within three business days of the date employment begins, to verify my employability in compliance with Federal Law.

If offered employment with the City of Whitefish, I understand that I must comply with all of the City's policies, rules and procedures.

SIGNATURE OF APPLICANT*

DATE

*If application is submitted via e-mail, applicant will be required to sign this page if given the opportunity to participate in an interview.

VETERANS' REEMPLOYMENT PREFERENCE ACT

To claim preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to apply employment preference.

Veterans' Employment Preference provides the addition of 5 percentage points or 10 percentage points to the applicant's score when a numerically scored selection procedure is used.

To claim Veterans' Employment Preference you must be a U. S. Citizen and (check one of the boxes below):

A Veteran, if You have been separated under honorable conditions, **AND**

- 1. You have served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized, **or**
- 2. You are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of 6 years' service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

A Disabled Veteran, (letter from Veterans Affairs must be submitted) **if** you have been separated under honorable conditions, **AND**

- You have an established Armed Force, service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U. S. Department of Veteran Affairs or military department, **OR**, you have received a purple heart.
- The spouse of a disabled veteran** if the veterans' disability prevents him/her from working
- The un-remarried surviving spouse of a veteran or disabled veteran**
- The mother of a veteran, if**
 - 1. The Veteran lost his/her life under honorable conditions while serving in the Armed Forces, **OR** the Veteran has a service-connected, permanent, and total disability, **AND**
 - 2. Your SPOUSE is totally and permanently disabled, **OR** you are the un-remarried widow of the father of the veteran.

DISABLED PERSONS' EMPLOYMENT PREFERENCE

You may claim Montana Persons with Disabilities Employment Preference as (check one of the boxes below):

- A person with a disability certified by PHHS (Attach to application).
- The spouse of a totally (100%) disabled person certified by PHHS and have resided continuously in Montana for at least 1 year immediately before applying for employment (Attach to application).
Date of Montana Residency: _____

Sign below if claiming a Veterans Preference or Disabled Preference

Signature: _____

Date: _____