

**Employment Application
for
The City and County
of
Butte-Silver Bow, Montana**



**Personnel Department
Courthouse
155 W Granite Ste 209
Butte, MT 59701
(406)497-6430**

(Please print or type-Answer all questions)

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or the presence of a non-job related medical condition or handicap. Some of the requested information herein is required by Butte-Silver Bow Resolution or Ordinance or is needed for business necessity or other legally permissible reasons.

PERSONAL INFORMATION:

Position for which you are applying: _____

Name: _____
Last First Middle

Address: _____
Number and Street City State Zip

Previous Address _____
Number and Street City State Zip

Telephone: _____ Alternate Phone: _____

Are you known to schools/references by another name? Yes* _____ No _____

*If yes, by what name? _____

Are you a citizen of the United States or do you have a valid work permit? Yes _____ No _____

Are you a resident of Butte-Silver Bow County? Yes _____ No* _____ If yes, for how long? _____
*(Being a non-resident does not automatically exclude you from selection)

Have you ever been employed by any department or agency of the State of Montana or department or agency of any city or county in Montana including the City and County of Butte-Silver Bow? Yes* _____ No _____

*If you have worked for the City and County of Butte-Silver Bow in the past, please give dates and department:

Position: _____ Department: _____ Dates: From: _____ To: _____

Reason for leaving: _____

PLEASE TURN THE PAGE AND COMPLETE ALL ITEMS

Are you available to work? Full time _____ Part time _____ Seasonal _____
Temporary _____ Short Term (90 days or less) _____

NOTE TO THE APPLICANT: DO NOT ANSWER THE NEXT QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE FUNCTIONS OF THE JOB OR REVIEWED THE JOB DESCRIPTION OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, in a reasonable manner, the essential functions of the position(s) for which you are applying with or without an accommodation? Yes _____ No _____.

Remarks: _____

Have you been convicted of a criminal offense other than a traffic violation? Yes _____ No _____. If yes, describe in full, including date(s): _____

Do you claim Veteran's Preference? Yes (see note below*) _____ No _____
***If yes, you must provide a copy of legal documentation with this application.**

Are you on lay off or subject to recall? Yes _____ No _____ Have you been bonded? Yes _____ No _____
If yes, for what position(s)? _____

Give name, address and telephone number of three references not related to you.

PLEASE TURN THE PAGE AND COMPLETE ALL ITEMS

EMPLOYMENT EXPERIENCE:

List each job held. Start with your present or last job. Include military service assignments and volunteer activities: If you need additional space, please continue on a separate sheet of paper.

Title: _____ Dates Employed: From: _____ To: _____

Company Name: _____ Supervisor's Name: _____

Address: _____ Supervisor's Phone #: _____

City: _____ State: _____ Salary: Start: _____ Current/End: _____

Describe, in detail, work performed:

Reason for leaving: _____

Title: _____ Dates Employed: From: _____ To: _____

Company Name: _____ Supervisor's Name: _____

Address: _____ Supervisor's Phone #: _____

City: _____ State: _____ Salary: Start: _____ Current/End: _____

Describe, in detail, work performed:

Reason for leaving: _____

Title: _____ Dates Employed: From: _____ To: _____

Company Name: _____ Supervisor's Name: _____

Address: _____ Supervisor's Phone #: _____

City: _____ State: _____ Salary: Start: _____ Current/End: _____

Describe, in detail, work performed:

Reason for leaving: _____

PLEASE TURN THE PAGE AND COMPLETE ALL ITEMS

Have you ever been dismissed or asked to resign from any employment or position you have had? Yes _____

No _____ If yes, give details: _____

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experience.

EDUCATION:

	High School	College/University	Graduate/Professional
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Name of School Diploma/Degree Describe Course of Study			
List any Licenses and/or Certifications currently held. Use an additional sheet if necessary.			

PLEASE TURN THE PAGE AND SIGN WHERE INDICATED

**CITY AND COUNTY OF BUTTE-SILVER BOW
VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY REPORTING
INFORMATION FORM**

(Please Print or Type)

The information you provide on this form is collected in compliance with State and Federal law to determine if Butte-Silver Bow's hiring practices are discriminating against any group. The information will be separated from the application and will not be used in making any hiring decisions.

This Equal Employment Opportunity Reporting Information Form will be kept in a confidential file.

Date _____

Position(s) applied for: _____

Name (Print) _____ Phone No. _____
Last First Middle

Address: _____
Number and Street City State Zip

Referral Source: Newspaper Advertisement _____ Friend/Relative _____ Local Job Service _____
Butte-Silver Bow Website _____ Other _____

Are you 18 years of age or older? Yes _____ No _____

Sex: Male _____ Female _____

Race/Ethnic Group: _____ White - A person having origins in any of the original peoples of Europe.
_____ Black - A person having origins in any of the Black racial groups of Africa.
_____ Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
_____ Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines or Samoa.
_____ American Indian/Alaskan Native – A person having origins in any of the original peoples of North America, South America, and Central America who maintain tribal affiliation or community attachment.

Are you a Vietnam-Era Veteran? Yes _____ No _____

Are you a disabled Veteran? Yes _____ No _____ If yes, what is your disability rating? _____%

BUTTE-SILVER BOW IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

NOTICE TO APPLICANTS FOR EMPLOYMENT

1. Butte-Silver Bow is committed to make reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please attach a description of the desired accommodation.
2. The Veteran's Employment Preference Act and the Handicapped Persons' Employment Preference Act provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives.
3. If you are claiming preference under the Veterans' Employment Preference Act or Handicapped Persons' Employment Preference Act, complete the following:

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
 - (1) You have been separated under honorable conditions,
 - AND
 - (2) You have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves).
- A Disabled Veteran**, if
 - (1) You have been separated under honorable conditions,
 - AND
 - (2) You have an established Armed Forces, service-connected disability **OR** are receiving compensation, disability retirement benefits or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.
- 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
 - (1) The VETERAN lost his or 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 HUSBAND is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

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

- A handicapped person** certified by PHHS,
- The spouse** of a totally (100%) disabled person certified by PHHS and has resided continuously in Montana for at least one year immediately before applying for employment.

Date of Montana residency: _____

4. I hereby certify that all information on this page is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment with Butte-Silver Bow, or if hired, may be grounds for termination at a later date. I am aware that previous employers may be contacted as references.

SIGNATURE: _____

DATE SIGNED: _____