

Employment Application—Long Form

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Review (Month/Day/Year) / /
APPLICANT DATA:	Position Applied for:
How were you referred to us:	

Full name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () Mobile/Pager/Other: _____ Email: _____

Date Available to Start: _____ Social Security #: - - Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded "guilty," "no contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

REFERENCES:

List three (3) references that are not related to you by blood or marriage who can comment on your education or work experience:

FULL NAME	COMPLETE HOME ADDRESS	OCCUPATION OFFICE	TELEPHONE NUMBER

Have you served in the military? Yes No Which branch? _____

Served from: / / To: / /

Do you have any military commitment, including National Guard that would influence your work schedule? Yes No

If yes, explain: _____

If you are claiming preference under the Veterans' Employment Preference Act or Handicapped Persons' Employment Preference Act, complete the following.

Veteran's 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 Veteran's 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 Handicapped Persons' Employment Preference as (check one of the boxes below):

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

NOTE: If you claim a preference, documentation must be attached. Please check which attachments you have included:

- DD-214 PHHS Certification Other _____

