



EMPLOYMENT APPLICATION

CITY OF BILLINGS

P.O. BOX 1178
BILLINGS, MT 59103

Notice to Applicants

We welcome you as an applicant for employment. It is the policy of the City of Billings 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 posting.

POSITION #1 APPLIED FOR:

DEPT:

DATE:

PERSONAL INFORMATION

Name:

Last:

First:

Middle:

Social Security Number:

Present Address:

City:

State:

Zip:

Business Phone:

Home Phone:

List other names, if any, used on employment or education records:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Are you 18 years or older?

For Temporary/Seasonal Hire - *Please fill out following*

Date Available for Hire?

From:

to:

Have you ever been convicted of a felony?

If yes, describe in full giving dates:

(Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.)

Have you ever worked for or are you currently working for the City of Billings?

If yes, please give dates:

From:

To:

and department:

Prior position:

Reason for leaving:

Do you have any relatives working for the City of Billings?

If yes, please give their name: ,

department:

and relationship:

EDUCATION

High School

Name:

Address:

Course of Study:

Last year completed:

Did you graduate?

List Diploma or Degree:

College

Name:

Address:

Course of Study:

Last year completed:

Did you graduate?

List Diploma or Degree:

Other (specify)

Name:

Address:

Course of Study:

Last year completed:

Did you graduate?

List Diploma or Degree:

SPECIAL SKILLS

Special Skills Relating To The Position You Are Applying For:
(clerical skills, heavy equipment operating skills, etc.):

LICENSES OR CERTIFICATES

Driver's License: If required for this position

Do you have a valid Driver's License?

State:

Number:

Expiration Date:

Do you have a Commercial Driver's License?

If yes, specify: Type:

Class:

Endorsements: Hazardous Material:

Tank:

Airbrakes:

Passenger:

Other (specify):

CERTIFICATES (CPA, PE, Boiler Operator, etc.)

Name of Licensing Agency:

Address:

Type of License:

Endorsement/Restriction (if applicable):

Date Licensed:

Date Expires:

Name of Licensing Agency:

Address:

Type of License:

Endorsement/Restriction (if applicable):

Date Licensed:

Date Expires:

Name of Licensing Agency:

Address:

Type of License:

Endorsement/Restriction (if applicable):

Date Licensed:

Date Expires:

EMPLOYMENT HISTORY

Instructions: Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. If the space below is not adequate, you may respond to this section on a separate sheet of paper. **This information must be completed even if a resume is submitted.**

NOTICE TO APPLICANTS: Information that you provide on this application is subject to verification. Previous employers may be contacted as references and for verification.

Do you want to be informed before we contact your present employer?

CURRENT EMPLOYER:

ADDRESS:

Date employed:

From:

To:

Position:

Salary:

Contact:

Phone:

Describe work performed:

Reason for leaving:

PAST EMPLOYER:

ADDRESS:

Date employed:

From:

To:

Position:

Salary:

Contact:

Phone:

Describe work performed:

Reason for leaving:

PAST EMPLOYER:

ADDRESS:

Date employed:

From:

To:

Position:

Salary:

Contact:

Phone:

Describe work performed:

Reason for leaving:

PAST EMPLOYER:

ADDRESS

Date employed:

From:

To:

Position:

Salary:

Contact

Phone

Describe work performed:

Reason for leaving

REFERENCES

List three (3) references, excluding relatives, who have knowledge of your ability to perform this job.

Full Name:

Address:

City:

State:

Zip:

Telephone Number:

Full Name:

Address:

City:

State:

Zip:

Telephone Number:

Full Name:

Address:

City:

State:

Zip:

Telephone Number:

AUTHORIZATION TO RELEASE INFORMATION

1. As an applicant for a position with the City of Billings, I am required to furnish information which this agency may use in determining my qualifications. In this connection, I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.

2. I acknowledge that I must submit to a drug test prior to being hired if I apply for a position which requires a drug test under the City of Billings Drug-Free Workplace and Pre-Employment Drug Testing Policy. I further acknowledge that a negative drug test result and remaining drug free are conditions of my employment.

3. For the purpose of in-house security, I consent to a security investigation prior to employment.

4. I certify that the foregoing answers, and all supplemental documents are correct and that false information may result in dismissal if employed. I understand that employment may be contingent upon satisfactory completion of a physical examination showing that I can adequately perform job-related functions. If employed by the City of Billings I will abide by the City's Policies, Practices and Procedures.

(You will be required to come to City Hall and sign the release form if, and when, you are called for an interview)

Signature: _____ **Date:** _____

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the State of Montana 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 and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The City of Billings is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Position Closing Date: (mm-dd-yy)

Male Female

Are you 18 years or older? Yes No

Name:

Social Security No.: (xxx-xx-xxxx)

Job Applied for:

Department:

How did you first learn of this position?

- Newspaper ad or journal ad
- Telephone Job Line
- Job Service
- Career/Job Fair
- Female, minority, or handicapped referral organization
- A friend/employee
- Posted in City Hall
- City of Billings Website
- Other (specify)

RACE/ETHNICITY - Please check the ONE box that best describes your race/ethnicity:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origins regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

MILITARY STATUS - Please check the one box that best describes your military status.

- No Military Service
- Inactive Reserve
- Vietnam Veteran
- Active Reserve
- Retired
- Other Veteran

DISABLED VETERN

DISABLED PERSONS' EMPLOYMENT PREFERENCE

EMPLOYMENT PREFERENCE ACTS

Name:

Position Applied for:

Department:

If you are claiming preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. Providing the following information must be included with the application in order to claim employment preference. 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. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

1. 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** 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.
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, if

1. You have been separated under honorable conditions from military duty, **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 died 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 unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference** you must be (check one of the boxes below):

A person with a disability certified by PHHS, **OR**

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

3. If you claim Preference, **documentation must be attached**. Please check which attachments you have included:

DD-214

PHHS Disability Certification

Other

SIGNATURE (typed):

DATE SIGNED:

(mm-dd-yy)

