



**CITY OF EAST HELENA**  
**306 EAST MAIN STREET**  
**PO BOX 1170**  
**EAST HELENA, MONTANA 59635**  
**(406) 227-5321 FAX (406)227-5456**

**APPLICATION FOR EMPLOYMENT**

**NOTICE TO APPLICANTS**

It is the policy of the City of East Helena to consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement.

Position Applied for: \_\_\_\_\_ Department: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
 Last First Middle

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

For Temporary/Seasonal Hire – Please fill out the following:

Date Available for Hire? From \_\_\_\_\_ To \_\_\_\_\_

**Have you ever been convicted of a felony?** \_\_\_\_\_yes \_\_\_\_\_no

If yes, please describe: \_\_\_\_\_

Have you worked for the City of East Helena before? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please give date and department \_\_\_\_\_

Prior Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**EDUCATION**

Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.)			

List any scholarships, academic honors, awards or special achievements:

**List other schools or training which helps you qualify:**

Name & Location	Dates	Completed?	Title Description of Course	Total Hrs
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

**List Professional Licenses, Registrations, or Certifications**

Name and Complete Address Of Licensing/certifying Agency	Type of License or Certification	Endorsements/Restrictions (If applicable)	Date of License

**Please list any skills you have that are appropriate for the position you are applying for:**

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**Other Specialized Equipment** - List equipment (other than above) you can operate and specify name or model you have used. (i.e.: front loader-caterpillar 918F, IBM compatible 486)

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**EXPERIENCE:** On the following pages 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 any military service and volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each separate sheet write your name and the job title for which you are applying. **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.

Do you want to be notified before we contact your present employer?    Yes     No

**WORK HISTORY & EXPERIENCE**

**Name and Address of Employer**

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Type of Business: \_\_\_\_\_ Date Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Your Job Title: \_\_\_\_\_ [ ] Full time [ ] Part time [ ] Volunteer

Immediate Supervisor (s) \_\_\_\_\_ Phone # \_\_\_\_\_

**Describe your duties in detail:**

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Reason for leaving: \_\_\_\_\_

**Name and Address of Employer**

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Type of Business: \_\_\_\_\_ Date Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Your Job Title: \_\_\_\_\_ [ ] Full time [ ] Part time [ ] Volunteer

Immediate Supervisor (s) \_\_\_\_\_ Phone # \_\_\_\_\_

**Describe your duties in detail:**

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Reason for leaving: \_\_\_\_\_

**Name and Address of Employer**

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Type of Business: \_\_\_\_\_ Date Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Your Job Title: \_\_\_\_\_ [ ] Full time [ ] Part time [ ] Volunteer

Immediate Supervisor (s) \_\_\_\_\_ Phone # \_\_\_\_\_

**Describe your duties in detail:**

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Reason for leaving: \_\_\_\_\_

## ADDITIONAL WORK HISTORY & EXPERIENCE

### Name and Address of Employer

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Type of Business: \_\_\_\_\_ Date Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Your Job Title: \_\_\_\_\_ [ ] Full time [ ] Part time [ ] Volunteer

Immediate Supervisor (s) \_\_\_\_\_ Phone # \_\_\_\_\_

Describe your duties in detail:

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Reason for leaving: \_\_\_\_\_

### Name and Address of Employer

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Type of Business: \_\_\_\_\_ Date Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Your Job Title: \_\_\_\_\_ [ ] Full time [ ] Part time [ ] Volunteer

Immediate Supervisor (s) \_\_\_\_\_ Phone # \_\_\_\_\_

Describe your duties in detail:

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Reason for leaving: \_\_\_\_\_

### Business References

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
Relationship	Phone

**APPLICATION CONTINUED**

**List professional, trade, business or civic activities and any offices held.**

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**Do you have current Montana Driver's License?    yes    no**

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**I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.**

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**Signature of Applicant**

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**Date**

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**Veteran's Employment Preference Act or Handicapped Person's Employment Preference Act**

Name: \_\_\_\_\_

Job Applied for: Agency \_\_\_\_\_ Job Title \_\_\_\_\_

Location \_\_\_\_\_ Position# \_\_\_\_\_

**Do you claim veteran's preference?     |  yes     |  no                                  (Must provide legal documentation)**

**If you are claiming preference under the Veteran's Employment Preference Act or Handicapped Person's Employment Preference Act, you must complete the following:**

**Veteran's Employment Preference provides the addition of 5% points or 10% 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 be (check one of the boxes):**

**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 Nave, Marines or Coast Guard (not including National Guard or Reserves).

**A Disabled Veteran, if**

1. You have been separated under honorable conditions from active 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 Veteran's 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 un-remarried 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
2. Your husband is totally and permanently disabled OR YOU are the un-remarried widow of the father of the veteran.

**You may claim handicapped Person's Employment Preference as (check one of the boxes below):**

**A handicapped person certified by SRS.**

**The spouse of a totally (100%) disabled person certified by SRS.**

**If you check the above boxes for Handicapped Person's Employment Preference Act.**

**Are you a Montana resident?     yes     no**

## APPLICANT SURVEY

The 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 also a requirement of the Montana Human Rights Act. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential and used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices to local and state government.

Name: \_\_\_\_\_

Job Applied for: Agency \_\_\_\_\_ Job Title \_\_\_\_\_  
Location \_\_\_\_\_ Position# \_\_\_\_\_

Referral Source – How did you first learn of this position?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Community Organization                                 |
| <input type="checkbox"/> A Friend     | <input type="checkbox"/> Female, minority, or handicapped referral organization |
| <input type="checkbox"/> Job Service  | <input type="checkbox"/> Other (specify): _____                                 |

Male                       Female                      Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**RACE/ETHNICITY (optional)**

Please check the one box that best describes your race/ethnicity:

White (not of Hispanic origin)

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American (not of Hispanic origin)

A person having origins in any of the black racial groups of Africa.

Spanish (Hispanic)

A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, 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, or the Pacific Islands. This area includes, for example, India, China, Japan, Korea, Philippines, and Samoa.

American Indian or Alaska Native

A person having origins in any of the original peoples of North America who remain cultural in identification through tribal affiliation or community recognition.

**MILITARY STATUS** – Please check the one box that best describes your military status:

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

**DISABLED VETERAN**

**HANDICAPPED STATUS** – If yes, check your major disability.

Yes    No

hearing impairment

visual impairment

mobility impairment

mental impairment

multiple disabilities

other \_\_\_\_\_

Do you have certification from the Department of Social & Rehabilitation Services for Handicapped Person's Employment Preference?    Yes    No