

Employment Application—Short 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 Interview (Month/Day/Year): / /
Applicant Data	Position Applied for:
How were you referred to us:	

Full Name:

Address: City: State: Zip:

Phone: Mobile/Pager/Other: E-mail:

Date Available to Start: Social Security Number: - - Salary Requirements:

If you are under 18 years of age, can you provide a work permit? ☐ 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: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

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: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

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: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

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:

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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 _____

Interviewed by: _____ Date: _____

Comments: _____

Interviewed by: _____ Date: _____

Comments: _____

Interviewed by: _____ Date: _____

Comments: _____

Start Date: / / Position or Job Number: _____

Reporting to: _____ Job Status: ☐ Salaried ☐ Hourly

Starting Salary: _____

Approved by Human Resource Manager: _____ Date: _____

Approved by Department Manager: _____ Date: _____