



CITY OF COLSTRIP

P.O. BOX 1902
COLSTRIP, MT 59323
(406) 748-2300

EMPLOYMENT APPLICATION

It is the policy of the City of Colstrip 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 fine occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the City of Colstrip.

Position Applied For: _____ Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone Numbers: Home _____ Social Security Number: _____
Work _____

Have you ever been employed by us before? Yes No

If Yes, Position: _____ Dates: _____

Do you have a relative working for the City of Colstrip? Yes No

If Yes, Name: _____ Relationship _____

Are you 18 Years or Older? Yes No

Do you claim veteran's preference? Yes No

If Yes, you must provide copy of legal documentation.

Are You Available to Work: Full Time Part Time Temporary

Date you can Begin Work: _____

Have you been convicted of a felony? Yes No

If Yes, Please Explain:

Application For Employment

EDUCATION

Type of School	Name/Location	Major Course of Study	Diploma/Degree
High School:			
College:			
Technical/Other:			
Special Studies:			

SPECIAL SKILLS

Please describe your skills with hand and power tools, office machines, calculators, copying machines, word processors, computers, computer software, typing and shorthand speed, special secretarial skills or any skills required for the position applied for:

EMPLOYMENT HISTORY

Attach an additional sheet if necessary.

CURRENT EMPLOYER: _____ Phone #: _____

Address: _____

Employment Dates: From _____ To _____

Position: _____ Salary/Wage: _____

Describe Work Performed: _____

Reason For Leaving: _____

Application For Employment

PAST EMPLOYER: _____ Phone #: _____

Address: _____

Employment Dates: From _____ To _____

Position: _____ Salary/Wage: _____

Describe Work Performed: _____

Reason For Leaving: _____

PAST EMPLOYER: _____ Phone #: _____

Address: _____

Employment Dates: From _____ To _____

Position: _____ Salary/Wage: _____

Describe Work Performed: _____

Reason For Leaving: _____

PAST EMPLOYER: _____ Phone #: _____

Address: _____

Employment Dates: From _____ To _____

Position: _____ Salary/Wage: _____

Describe Work Performed: _____

Reason For Leaving: _____

Application For Employment

PERSONAL REFERENCES:

Name: _____ Company: _____ Phone: _____

Address: _____ Relationship: _____

City/ State/ Zip: _____

Name: _____ Company: _____ Phone: _____

Address: _____ Relationship: _____

City/ State/ Zip: _____

Name: _____ Company: _____ Phone: _____

Address: _____ Relationship: _____

City/ State/ Zip: _____

LICENSES AND/OR CERTIFICATIONS CURRENTLY HELD

MILITARY SERVICE INFORMATION

Branch of Service: _____ Dates of Active Service: _____

Duties and/or Special Training: _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Colstrip, 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.

I certify that the answers given herein are true and complete to the best of my knowledge. 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, regulations and policies of the employer.

Applicant's Signature: _____ **Date:** _____

**VETERANS' EMPLOYMENT PREFERENCE ACT AND
HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE**

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

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

- You have been separated under honorable conditions AND
- You have served more than 180 consecutive days of active duty other than training in the Army, Air Force, Navy, Marines or Cost Guard (not including National Guard or Reserves).

A Disabled Veteran if

- You have been separated under honorable conditions, AND
- 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 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 OR the unremarried surviving spouse of a veteran or disabled veteran OR the mother of a veteran if

- The Veteran lost his/her life under honorable conditions while serving in the Armed Forces OR the Veteran has a service-connected, permanent and total disability, AND
- Your spouse is totally and permanently disabled OR you are the unremarried 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 checked one of the above boxes for Handicapped Persons' Employment Preference Act:

Are you a Montana resident? YES NO

If yes, date residency was established _____