



Town of Whitehall Montana

Office of the Clerk
County of Jefferson, State of Montana
P.O. Box 529/207 East Legion
Whitehall, MT 59759
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Application for Employment

Notice To Applicants It is the policy of the Town of Whitehall 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. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the Town of Whitehall.

Applicant Information

Position Applied for: _____ Department: _____

Name: _____

Last

First

Middle Initial

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Home Phone: (____) _____

Have you ever been convicted of a felony? Yes No

If yes, describe: _____

Do you claim veteran's preference? Yes (see below) No

If yes, you **must provide** a copy of legal documentation with this application.

Military Service Information: Branch of Service: _____

Active Service: From _____ To _____

Describe your duties and special training: _____

Have you worked at the Town of Whitehall before? Yes No

If yes, provide the following details Position: _____

Department: _____ From: _____ To: _____

Reason for leaving: _____

Do you have a relative working for the Town of Whitehall? Yes No

If yes, what is their name? _____ Relationship: _____

What department do they work in? _____

Employment History Continued

Title: _____ Dates employed: From: _____ To: _____
Company Name: _____ Supervisor Name: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Salary: _____

Describe work performed:

Reason For Leaving: _____

List any licenses and/or certifications currently held:

References:

Name: _____ Address: _____
Phone Number: _____ Relationship: _____

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Name: _____ Address: _____
Phone Number: _____ Relationship: _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Town of Whitehall, 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.

SIGNATURE OF APPLICANT

DATE

VETERANS' REEMPLOYMENT PREFERENCE ACT

To claim preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to apply employment preference.

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**

- 1. You 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, **or**
- 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 You have been separated under honorable conditions, **AND**

- You have an established Armed Force, 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 veterans' 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/her life 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 un-remarried widow of the father of the veteran.

HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE

You may claim Montana Persons with Disabilities Employment Preference as (check one of the boxes below):

- A person with a disability certified by PHHS.
- The spouse of a totally (100%) disabled person certified by PHHS and have resided continuously in Montana for at least 1 year immediately before apply for employment.

Date of Montana Residency: _____

Signature: _____

Date: _____

VOLUNTARY EQUAL OPPORTUNITY REPORTING INFORMATION

The information you provide on this form is collected in compliance with State and Federal law to determine if the City's hiring practices are discriminating against any group. The information will be separated from the application and will not be used in making any hiring decisions. Thank you for your cooperation.

PLEASE CHECK ONE OF THE DESCRIPTIONS BELOW CORRESPONDING TO THE ETHNIC GROUP WITH WHICH YOU MOSTLY IDENTIFY:

- White – a person having origins in any of the original peoples of Europe, North America or the Middle East.
- Black – a person having origins in any of the Black racial groups of Africa.
- Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, 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 including the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines or Samoa.
- American Indian or Alaskan Native – a person having origins in any of the original peoples of North America, South America and Central America who maintain tribal affiliation or community attachment.

SEX: MALE FEMALE

AGE AS OF LAST BIRTHDAY _____

WHERE DID YOU LEARN OF THIS POSITION?

- ON-LINE ACCESS
- NEWSPAPER AD
- WORD OF MOUTH
- LOCAL JOB SERVICE
- OTHER (Please identify) _____