



State Of Montana Employment Application

An Equal Opportunity Employer

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if you complete all relevant blocks and follow the same format. On **each** sheet include your name and the job title for which you are applying. You must sign and date each application you submit. **Late, incomplete, or unsigned applications will not be considered.**

Please read the job listing carefully to verify the following: (a) what attachments you are required to submit; (b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of application. Tailoring the application to the position is to your advantage.

1. Name

.....
Last

.....
First

.....
Middle

Mailing Address

.....
Street or PO Box

.....
City

.....
State

.....
Zip Code

Telephone Number ()

()

()

.....
Work

.....
Home

.....
Cell

Email address

2. Provide the information below from the job listing:

Department

Division

N/A

Job Location

N/A

Position Title

Position Number

N/A

3. The information you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment with the State of Montana or, if hired, may be grounds for termination at a later date.

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

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me to the State of Montana or its agents and employees. I release all persons or companies from any liability or responsibility for providing such information.

SIGNATURE

DATE SIGNED

4. EDUCATION – High School Name: _____
 High School Address: _____
 Received Diploma? Yes No GED? _____

College, University and Other Schools Name and Location	Dates Attended Month/Year	Degree/Certificate Received	Degree/Certificate Date	Major/Minor Field	Credits Earned Indicate Qtr or Sem

Training Courses Name and Location	Dates Attended Month/Year	Did you Complete?	Title/Description of Course	Total Hours

5. List current Professional Licenses, Registrations, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

6. List special skills such as word processing, operating a forklift, heavy equipment or computer programming. Include a list of equipment that you know how to use. May list skills from volunteer work like Habitat for Humanity or from professional organizations like Toastmasters.

7. EXPERIENCE: List your work and volunteer experience. Emphasize the experience you have that is relevant to the vacant position (refer to job listing). Begin with your present or most recent experience. Include military service that would help you qualify. List each promotion as a separate position. Use Additional Employment Experience forms (PD-30) as necessary. **You must complete this information even if you submit a resume.**

Name & Complete Address of Employer			
Your Job Title: _____		Dates Employed _____ / _____ to _____ / _____	
		Month Year Month Year	
Type of Business: _____		Avg. Hrs. Per Week _____	
		Time Employed: _____ / _____	
		Years / Months	
()		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
Immediate Supervisor(s)	Phone No.		
Describe your duties in detail (Maximum of 6000 characters, about 1000 words, or a page and a half) -			
Reason for Leaving:			

Name & Complete Address of Employer			
Your Job Title: _____		Dates Employed _____ / _____ to _____ / _____	
		Month Year Month Year	
Type of Business: _____		Avg. Hrs. Per Week _____	
		Time Employed: _____ / _____	
		Years / Months	
()		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
Immediate Supervisor(s)	Phone No.		
Describe your duties in detail (Maximum of 6000 characters, about 1000 words, or a page and a half) -			
Reason for Leaving:			

7. EXPERIENCE Continued....

Name & Complete Address of Employer			
Your Job Title: _____	Dates Employed _____ / _____ to _____ / _____ <small>Month Year Month Year</small>		
Type of Business: _____ ()	Avg. Hrs. Per Week _____	Time Employed: _____ / _____ <small>Years / Months</small>	
Immediate Supervisor(s) _____	Phone No. _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Describe your duties in detail (Maximum of 6000 characters, about 1000 words, or a page and a half) -			
Reason for Leaving:			

Name & Complete Address of Employer			
Your Job Title: _____	Dates Employed _____ / _____ to _____ / _____ <small>Month Year Month Year</small>		
Type of Business: _____ ()	Avg. Hrs. Per Week _____	Time Employed: _____ / _____ <small>Years / Months</small>	
Immediate Supervisor(s) _____	Phone No. _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Describe your duties in detail (Maximum of 6000 characters, about 1000 words, or a page and a half) -			
Reason for Leaving:			

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Confidential Applicant Data Form

Montana state government is an equal opportunity employer and is committed to promoting diversity and inclusion. Agency managers make employment decisions based on individual merit and qualifications and without regard to race, color, national origin, age, religion, sex (including pregnancy), physical or mental disability, genetic information, veterans' status, creed, political ideas, marital status, or sexual orientation.

Please help us promote compliance with federal and state equal employment opportunity laws by completing this **voluntary** applicant data form. The form will be separated from your job application and **kept confidential**. Providing this information is optional. Any information you provide or choose not to provide will not be used in making a hiring decision or any other employment actions affecting you. The Department of Administration uses this demographic information to evaluate the state's efforts to recruit applicants from diverse populations, evaluate compliance with federal and state equal employment opportunity laws and regulations, and for mandatory reporting in accordance with 29 CFR 1607.4.

Since this information is separated from your application, please answer the following questions and include your name, address, and phone number. Again, this information will be separated from your application and will not be used in the hiring decision or any other employment action affecting you.				
Have you applied for a state government job in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a current or past state government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Name _____				
	First	Middle	Last	
Mailing Address _____ City/State/Zip _____				
Email _____ Home Phone No. () _____ Other Phone Numbers (such as business, cellular) – Indicate type of phone.				
Type _____ Phone No. () _____ Type _____ Phone No. () _____				
Job Applied For: Department _____ Job Title _____				
Position No. _____ Closing Date _____ Location _____				

- 10. REFERRAL SOURCE - How did you FIRST learn of this position?**
- | | |
|--|--|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> State employment (current/former) |
| <input type="checkbox"/> Newspaper Ad on Internet | <input type="checkbox"/> Tribal Government Referral |
| <input type="checkbox"/> State of Montana Employment website | <input type="checkbox"/> Another Referral Organization (women/older work programs) |
| <input type="checkbox"/> State Department/Agency website | <input type="checkbox"/> Tribal College |
| <input type="checkbox"/> Job Service Office/website | <input type="checkbox"/> Career/Job Fair |

11. FEMALE MALE

12. RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES:**
- American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
 - Asian** (A person having origin 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.)
 - Black or African American** (A person having origins in any of the black racial groups of Africa.)
 - Native Hawaiian or other Pacific Islander** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 - White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

13. **DISABILITY STATUS** - Person with a disability (non-veteran) Veteran with a disability

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

No Military Service Active Duty National Guard Reserve Retired Military Former Service
(separated, not retired)

Vietnam Era Veteran? Yes No

State of Montana Employment and Benefit Information

Equal Employment Opportunity – Montana state government is an equal opportunity employer and is committed to promoting diversity and inclusion. Agency managers make employment decisions based on individual merit and qualifications and without regard to race, color, national origin, age, religion, sex (including pregnancy), physical or mental disability, genetic information, veterans' status, creed, political ideas, marital status, or sexual orientation.

Applicants and employees have the right to apply for positions and work in a safe, professional, and productive environment free discrimination. Agency managers strictly prohibit discrimination in all aspects of employment, including hiring, firing, promotions, compensation, job assignments, and other terms, conditions, or privileges of employment.

Refer to the state's [EEO, Nondiscrimination, and Harassment Prevention Policy, Poster, and Harassment Prevention Brochure](#) for more information, including procedures for filing complaints of discrimination.

The State of Montana may not retaliate or allow, condone, or encourage others to retaliate against any applicant, employee, or past employee for opposing unlawful discriminatory practices, filing a discrimination complaint, or testifying or participating in another manner in a discrimination proceeding.

Reasonable Accommodations – Montana state government is committed to providing reasonable accommodations to applicants and employees with disabilities in accordance with federal and state laws. Reasonable accommodations are available upon request to assist applicants and employees in any of the following:

- equal opportunity in the in the employment process;
- enable qualified individuals with disabilities to perform the essential functions of the job; and
- enable employees with disabilities to enjoy equal benefits and privileges of employment.

Applicants who need an accommodation to participate in the selection process should request the accommodation as early as possible. The State of Montana will make every effort to respond promptly to a request for accommodation. Click the [Reasonable Accommodation and EEO](#) link for more information.

Employment Preference – The Veterans' Public Employment Preference Act and Persons with Disabilities Public Employment Preference Act allow eligible applicants to request a hiring preference when applying for a state government position. Applying for a preference is **voluntary**, and all information related to a preference will be **kept confidential**. State agencies will only use this information during the hiring process and will maintain the information in a separate confidential file. Applicants who wish to claim an employment preference must complete an **Employment Preference Form**. The form is available under **State of Montana Employment Application & Information** at <http://wsd.dli.mt.gov/service/app.asp>. Applicants requesting preference must provide the appropriate documentation along with their application to verify eligibility.

Contact the local Job Service Workforce Center for details on veterans' preference or the local Montana Vocational Rehabilitation Services Office for details on obtaining a disability preference certification.

Immigration Reform and Control Act – In accordance with the Immigration Reform and Control Act, the person selected must produce **within three days of hire**, documentation that he or she is authorized to work in the United States. Examples of such documentation include a birth certificate or social security card along with a driver's license or other picture I.D (United States Passport, Certificate of Naturalization, Permanent Resident Card, Alien Registration Receipt Card [Green Card], or a Resident Alien Card).

Montana Compliance with Military Selective Service Act – In accordance with the Montana Compliance with Military Selective Service Act, men selected for state government employment must produce documentation showing compliance with the federal Military Selective Service Act. Examples of this documentation include a registration card issued by Selective Service, a letter from Selective Service showing a man was not required to register, or information showing by a preponderance of evidence that a man's failure to register with Selective Service was not done knowingly or willfully.

For other employment information, click on the following links:

[Employment Process Details](#); [Salary and Benefits](#); and [State Government Recruitment Contacts](#)