

**State Of Montana Employment Application** 

**An Equal Opportunity Employer** 

montana Employment Application

State Use Only

**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 Email address	Home	Cell
Provide the information below from the Department	he job listing:	
Division N/A	Job Location	N/A
Position Title	Posit	tion Number N/A
you from consideration for employme  Do you want to be informed before we  With my signature below (typed or v complete to the best of my knowled employers to release job-related info	application is subject to verification. Falsification with the State of Montana or, if hired, may be contact your present employer?   Yes   Note that all information on this and ge and contains no willful falsifications or mis rmation they may have about me to the State of any liability or responsibility for providing such that with the state of the stat	e grounds for termination at a later date.  No ad all attached pages is true, correct and srepresentations. I authorize all former of Montana or its agents and employees.
SIGNATURE	DA	TE SIGNED

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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	d E	Credits Earned dicate Qtr or Sem
Training Courses	Dates	Did you	T:4-/D			Total
Name and Location	Attended Month/Year	Complete?	litle/Des	scription of Cours	ъе <u> </u>	Hours
5. List current Professional Licenses, Regis Licensing Agency Name and Location		ertifications (eng	1	nt/Restriction	Date Licens	
<ol> <li>List special skills such as word processing of equipment that you know how to use. organizations like Toastmasters.</li> </ol>	g, operating a May list skills f	forklift, heavy e rom volunteer v	quipment or cor work like Habita	mputer programit for Humanity o	ming. Inclu	de a list

#### PAGE 3

vacant position (refer to job listing). Begin with your pres	ce. Emphasize the experience you have that is relevant to the sent or most recent experience. Include military service that e position. Use Additional Employment Experience forms (PDeven 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
Immediate Supervisor(s) Phone No. <b>Describe your duties in detail</b> (Maximum of 6000 chara	Full-time Part-time Volunteer
Reason for Leaving:	
Name & Complete Address of Employer	
Your Job Title:	Dates Employed / to /
Type of Business:	Month Year Month Year
	Avg. Hrs. Per Week Time Employed:/
Immediate Supervisor(s) Phone No.	Years / Months Full-time Part-time Volunteer
Describe your duties in detail (Maximum of 6000 chara	acters, about 1000 words, or a page and a half) -
Reason for Leaving:	

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7. EXPERIENCE Continued.		
Name & Complete Address of Employer		
Your Job Title:		Dates Employed / to /
Type of Business:		Month Year Month Year  Avg. Hrs. Per Week Time Employed: /
Immediate Supervisor(s)	( ) Phone No.	Full-time Part-time Volunteer
Reason for Leaving:  Name & Complete Address of Employer		
Your Job Title:		Dates Employed / to / Month Year Month Year
Type of Business:  Immediate Supervisor(s)	( ) Phone No.	Avg. Hrs. Per Week Time Employed: / / Years / Months
	ail (Maximum of 6000 chara	acters, about 1000 words, or a page and a half) -

# PAGE 5 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.

address, and phone		mation will be separa	swer the following questions and include your ated from your application and will not be u.  J.	
Have you applied	for a state government job	o in the past?	′es ☐ No	
Are you a current	or past state government	employee?  Yes	☐ No	
<b>9.</b> Name				
Mailing Address	First	Middle City/Stat	Last te/Zip	
Email _ cellular) – Indic	Home Procate <b>type</b> of phone.	none No. ( )	Other Phone Numbers (such as busin	ness,
Туре	Phone No. ( )	Туре	Phone No. ( )	
Job Applied For: [	Department		Job Title	
Position No.	Closi	ng Date	Location	
State of Mon State Depart	Ad on Internet tana Employment website ment/Agency website Office/website	State employment Tribal Government Another Referral C Tribal College Career/Job Fair	,	
12. RACE/ETHNIC II Are you of Hisp	— DENTIFICATION – PLEASE	No (A perso	<b>APPLY</b> on of Cuban, Mexican, Puerto Rican, South or Cen	ntral
American Inc including Cent Asian (A pers including, for Vietnam.)	tral America, and who maintai on having origin in any of the example, Cambodia, China, I	rson having origins in a ins tribal affiliations or c original peoples of the ndia, Japan, Korea, Ma	any of the original peoples of North or South Amer community attachment.) Far East, Southeast Asia, or the Indian subcontin alaysia, Pakistan, the Philippine Islands, Thailand,	ent
	iian or other Pacific Island		ne black racial groups of Africa.)  rigins in the original peoples of Hawaii, Guam, San	noa,
	•	e original peoples of Eu	urope, the Middle East, or North Africa.)	
13. DISABILITY STA	TUS - ☐ Person with a disa	ability (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 (separated, not retired)	Reserve Retired Military Former Service
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 <u>EEO</u>, <u>Nondiscrimination</u>, and <u>Harassment Prevention Policy</u>, <u>Poster</u>, and <u>Harassment Prevention</u> 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 <a href="http://wsd.dli.mt.gov/service/app.asp">http://wsd.dli.mt.gov/service/app.asp</a>. 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