

LIBERTY COUNTY CEMETERY DISTRICT EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law.

Some county departments require random drug testing. Please check with the department head for more information. Liberty County job applicants are not guaranteed an interview.

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On **each** sheet write your name and job title for which you are applying. You may submit a legible photocopied application. I

LATE, INCOMPLETE or UNSIGNED applications will not be considered. PLEASE BE SURE TO INCLUDE ATTACHMENTS LISTED BELOW IN SECTION THREE. READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY AND TAILOR YOUR APPLICATION FOR THE POSITION TO YOUR ADVANTAGE.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed.

Employment Preference: The Veterans' Employment Preference Act and the **Persons with Disabilities Employment Preference Act** provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an Employment Preference Form, available through your local Montana Job Service. The applicant must indicate at the bottom of page one of this application form that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service.

1. P E R S O N A L	Name _____ Last First MI	Date: _____
	Address _____ Street / PO Box	Home Telephone: _____ ()
	_____	Business Telephone: _____ ()
	City, State, Zip Code	Social Security Number: _____

2. P O S I T I O N	What position are you applying for? (See Job Vacancy Announcement)
	Position Title _____
	Department _____
	Job Location _____

3 S I G N A T U R E	My signature below certifies that all information on this and all attached pages (checked below) are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with the County or, if hired, may be grounds for termination at a later date. Employers may be contacted as references. I have attached the required items checked below.	
	<input type="checkbox"/> Resume	Copy of current Montana Driver's License
	<input type="checkbox"/> References- not relatives	
	SIGNATURE: _____	DATE SIGNED: _____

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You may respond to this section on a separate sheet of paper if all relevant blocks are completed and the same format is followed.

High School Name and Address: _____

Received Diploma or Equivalency Certificate? Yes No If "No," enter highest grade completed _____

School	Name & Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree Or Diploma
Graduate					
College					
Business/ Trade/ Technical					
Other Schools					

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

Licensing Agency: Name and Location	Type of License	Endorsement/Restriction If Applicable	Date Licensed

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List other skills, education, experience and abilities below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

7. EMPLOYMENT AND EXPERIENCE

List your work and/or volunteer experience **with emphasis on experience that is relevant to the position for which you are applying. Begin with your present or most recent experience.** Include military service that would help you qualify. **List each promotion as a separate position.** You may continue this section on a separate sheet of paper if all the same format is followed.

This information must be completed even if a resume is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

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

A.	Name of Employer	Telephone
	Address	Dates Employed ____ / ____ to ____ / ____
	Type of Business	Your Job Title
	Immediate Supervisor(s)	Avg. Hrs. Per Week
	Total Time Employed ____ Years / Months	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
	Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments.	
	Reasons for Leaving: _____	

B.	Name of Employer	Telephone
	Address	Dates Employed ____ / ____ to ____ / ____
	Type of Business	Your Job Title
	Immediate Supervisor(s)	Avg. Hrs. Per Week
	Total Time Employed ____ Years / Months	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
	Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments.	
	Reasons for Leaving: _____	

7. EMPLOYMENT AND EXPERIENCE *continued...*

C.	Name of Employer	Telephone
	Address	Dates Employed ____ / ____ to ____ / ____
	Type of Business	Your Job Title
	Immediate Supervisor(s)	Avg. Hrs. Per Week
	Total Time Employed ____ Years / Months <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
	Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments.	
	Reasons for Leaving: _____	

D.	Name of Employer	Telephone
	Address	Dates Employed ____ / ____ to ____ / ____
	Type of Business	Your Job Title
	Immediate Supervisor(s)	Avg. Hrs. Per Week
	Total Time Employed ____ Years / Months <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
	Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments.	
	Reasons for Leaving: _____	