

City of Laurel P.O. Box 10 Laurel, Montana 59044 Application for Employment

Ambulance – 628-1611 City Court – 628-1964 Fire Department – 628-4911 Library – 628-4961 Mayor's Office – 628-8456 Police Department – 628-8737 Public Works – 628-4796 Treasurer/Clerk/Water – 628-7431

This application is current for thirty (30) days only; thereafter, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Any applicant who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the duties of the job for which the applicant is applying should inform the City of Laurel.

		Person	nal Data		
Please Complete Pages 1-4		Date:			
Name					
Last		First	Middle Other Names Us		
Present Address					
	No.	Street	City	State	Zip
How Long?					
			Days	Hours Available	e to Work
Position Applied For:			No Pref.	Thu	
Salary Desired:			Mon	Fri	
Phone No.			Tue	Sat	
Alt. Phone No.			Wed	Sun	
How many hours can you v	vork weekly	y?	C	an you work nig	hts?
Employment Desired:	Full	Time Only	Part Time Or	nly Ful	l or Part Time
Date available for work?			ve you ever work City of Laurel be		
If so, when and where?			Supe	rvisor	
List any relatives presently of Laurel and location?	working fo	or the City			
HAVE YOU EVER BEEN C	ONVICTEI	OF A CRIMI	E? NO	YES	
If yes, explain number of conv was/were committed, sentence prohibit employment, but will	e(s) imposed,	and type(s) of	rehabilitation. Suc	h convictions will	•

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete	GI	CIRCLE LAST GRADE/YEAR COMPLETED			MAJOR & DEGREE
High School		Address)	10		LET] .1	12	
			10	1	1	12	
College			1	2	3	4	
			1	2	3	4	
Bus. or Trade School			1	2	3	4	
School			1	2	3	4	

Military	
Do you claim Veterans' preference? () Yes () No	
(If yes, you will be required to furnish additional information.)	

WORK **EXPERIENCE:**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.

Attach additional sheets if necessary.

Name of Employer	Name of	Employment	Pay or
Address	Supervisor	Date	Salary
City, State, Zip Code		From	Start \$
Phone Number		To	Final \$
	Job Title		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer	Name of	Employment	Pay or Salary
Address	Supervisor	Date	1 my or 2 mining
City, State, Zip Code	1	From	Start
Phone Number		То	Final
	Job Title	1	
Reason for Leaving (be specific): List the jobs you held, duties performed, skills used or learne company.	ed, advancements o	or promotions while	e you worked at this
Name of Employer	Name of	Employment	Pay or Salary
Address	Supervisor	Date	
City, State, Zip Code		From	Start
Phone Number		То	Final
	Job Title		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer	Name of	Employment	Pay or Salary
Address	Supervisor	Date	
City, State, Zip Code		From	Start
Phone Number		To	Final
	Job Title		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

PLEASE READ CAREFULLY

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this City, or otherwise to change in any respect the employment between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the Mayor of the City. Both the undersigned and this City may end the employment relationship at any time, without specified notice or reason if it does not conflict with state or federal regulations. If employed, I understand that the City may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I authorize the investigation of all matters contained in this application and hereby give the City permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City from any liability as a result of such contact.

For positions that may require the applicant to drive a motor vehicle for the City of Laurel, the applicant must be able to show proof of a clean MVR and proof of insurability.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I further understand that my employment with this City shall be probationary for a period of up to **365 days**, and further that at any time during the probationary period my employment relationship with the City is terminable at will for any reason by either party.

SOCIAL SECURITY NUMBER WILL BE REQUIRED PRIOR TO EMPLOYMENT. Signature of Applicant:

The City of Laurel is an Equal Opportunity Employer.

Thank you for completing this application and for your interest in our City

	Please provide the names, addresses, and phone numbers for three (3) references.
1.	
2.	
3.	

VOLUNTARY APPLICANT IDENTIFICATION SUPPLEMENT

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

	Phone	Name
Federal law requires us to ask for this information. Please sign and return this form even if you do not answer. Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethn minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law. We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. It is NOT part of your application file, it is confidential*, and will be used in conformance with the law. 1. GENDER: Male Female 2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b.) a. Hispanic or Latino? () Yes () No b. Racial Background? () American Indian/Alaska Native () Asian, Asian American () Black, African American ()		Address
answer. Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethn minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law. We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. It is NOT part of your application file, it is confidential*, and will be used in conformance with the law. 1. GENDER: Male Female 2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b.) a. Hispanic or Latino? () Yes () No b. Racial Background? () American Indian/Alaska Native () Asian, Asian American () Black, African American		Job Applied for or your
minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law. We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. It is NOT part of your application file, it is confidential*, and will be used in conformance with the law. 1. GENDER: Male Female 2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b.) a. Hispanic or Latino? () Yes () No b. Racial Background? () American Indian/Alaska Native () Asian, Asian American () Black, African American	n. Please sign and return this form even if you do not	•
future. You are not required to respond. If you decline, it will not subject you to adverse treatment. It is NOT part of your application file, it is confidential*, and will be used in conformance with the law. 1. GENDER: Male Female 2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b.) a. Hispanic or Latino? () Yes () No b. Racial Background? () American Indian/Alaska Native () Asian, Asian American () Black, African American	and persons with disabilities. Hiring is based on	minorities, women, veteral
2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b.) a. Hispanic or Latino? () Yes () No b. Racial Background? () American Indian/Alaska Native () Asian, Asian American () Black, African American	decline, it will not subject you to adverse treatment. This	future. You are not requir
 a. Hispanic or Latino? () Yes () No b. Racial Background? () American Indian/Alaska Native () Asian, Asian American () Black, African American 	Female	1. GENDER: _
() Hawaiian/Pacific Islander () White/Caucasian	es () No	a. Hispanic or Latib. Racial Backgrou() American I
 VETERAN STATUS Vietnam Era Veteran - If you had 6 mo. active service, any of which was in Vietnam between February 28, 1961 and May 7, 1975, or between August 8, 1964 and May 7, 1975 in all other control of the VA for disability of 30% or more, or over 10% if you have a serious employment handicap as determined the VA, or were discharged or released because of a service-connected disability. Other Eligible Veteran - If you served on active duty during a war or in a campaign for which campaign badge is authorized, or served as a member of a reserve component under an order of active duty.) 	or between August 8, 1964 and May 7, 1975 in all other cases. or would be entitled to compensation under the VA for if you have a serious employment handicap as determined by decause of a service-connected disability. d on active duty during a war or in a campaign for which a red as a member of a reserve component under an order of	 () Vietnam Era February 28, () Special Disab disability of 3 the VA, or we () Other Eligible campaign bad
 DISABILITY STATUS () Disabled – If you have a physical, sensory or mental impairment which substantially lim one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skill procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind. 	ivities, have a record of or are regarded as having such as if you would tell us about any special methods, skills or positions that you might not otherwise be able to do	() Disabled – I one or more impairment procedures
Please Sign here: Date	Date	Please Sign here:

^{*} Supervisors and managers may be informed about restrictions on the work duties of persons with disabilities or on facts needed for accommodations, first aid or emergency treatment. Government officials may also review this.