



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.

Personal Data

Please Complete Pages 1-4

Date: _____

Name

Last

First

Middle

Other Names Used

Present Address

No.

Street

City

State

Zip

How Long?

Email: _____

Days/Hours Available 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 work weekly?

Can you work nights?

Employment Desired:

☐

Full Time Only

☐

Part Time Only

☐

Full or Part Time

Date available for work?

Have you ever worked for
the City of Laurel before?

If so, when and where?

Supervisor

List any relatives presently working for the City
of Laurel and location?

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

☐

NO

☐

YES

If yes, explain number of conviction(s), nature of offense(s) leading to convictions, how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Such convictions will not absolutely prohibit employment, but will only be considered in relation to specific job requirements.

Education				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	CIRCLE LAST GRADE/YEAR COMPLETED	MAJOR & DEGREE
High School			10 11 12	
			10 11 12	
College			1 2 3 4	
			1 2 3 4	
Bus. or Trade School			1 2 3 4	
			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 Address City, State, Zip Code Phone Number	Name of Supervisor	Employment Date	Pay or Salary
		From To	Start \$ 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 Address City, State, Zip Code Phone Number	Name of Supervisor	Employment Date	Pay or Salary
		From To	Start 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 Address City, State, Zip Code Phone Number	Name of Supervisor	Employment Date	Pay or Salary
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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

Name _____ Phone _____

Address _____

Job Applied for or your specific skill area: _____

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 ethnic 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. This 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
 - () Hawaiian/Pacific Islander () White/Caucasian
3. 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 cases.
 - () Special Disabled Veteran - If you are or would be entitled to compensation under the VA for disability of 30% or more, or over 10% if you have a serious employment handicap as determined by 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 a campaign badge is authorized, or served as a member of a reserve component under an order of active duty.)
4. DISABILITY STATUS
 - () Disabled – If you have a physical, sensory or mental impairment which substantially limits 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, skills or 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.

Please Sign here: _____ Date _____

* 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.