Employment Application

The City of Hardin

406 N Cheyenne Ave.
Hardin, MT 59034
A Drug and Alcohol Free Work Place

Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Resource Department.

~Please Print or Type information below ~ Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
***Physical** Street Address* *Apartment/Unit #* *City* *State* *ZIP Code*

_____
***MAILING** Street Address* *Apartment/Unit #* *City* *State* *ZIP Code*

Phone:_____ Emergency/Message#_____ E-Mail Address _____

Date Available: _____ Desired Salary: $_____

Position Applied for: _____ ☐Full-time ☐Part-time ☐Temporary ☐Seasonal ☐Educational Co-op

Are you able to meet attendance requirements?	*YES* ☐	NO ☐	Are you authorized to work in the U.S.?	*YES* ☐	NO ☐
Have you ever worked here before?	YES ☐	NO ☐	If yes, when? _____		
Have you ever been convicted of a felony?	YES ☐	*NO* ☐	If yes, explain: _____		

The City of Hardin is a drug free and alcohol-free workplace. The City has a drug testing policy for its employees. The City prohibits the use of all dangerous drugs. Federal and State law classifies marijuana as a dangerous drug. *I understand that screening tests for alcohol and illegal drug use may be required before hiring, and if hired, during my employment here.* ☐ *YES* ☐ NO

Do you have a current driver's license? ☐ *YES* ☐ NO
State _____ Expires _____

Do you have a current CDL? ☐ *YES* ☐ NO
State _____ Expires _____

Education

High School: _____ Address: _____
Years Completed _____ Did you graduate? YES ☐ NO ☐ Degree: _____

College: _____ Address: _____
Years Completed _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____
Years Completed _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Phone: ( ) _____
Address: _____ Years Known _____

Full Name: _____ Phone: ( ) _____
Address: _____ Years Known _____

Full Name: _____ Phone: ( ) _____
Address: _____ Years Known _____

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying._____

_____

_____

Previous Employment

~Most recent first~

Company: _____ Phone: ( ) _____

Address: _____ Immediate Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: ( ) _____

Address: _____ Immediate Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: ( ) _____

Address: _____ Immediate Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Miscellaneous

The information requested below is used solely in connection with the City of Hardin's affirmative action obligation or efforts; and is being requested on a voluntary basis, that it will be kept confidential in accordance with the ADA. Refusal to provide this information will not subject the application to any adverse treatment, and that it will be used only in accordance with ADA. To ensure that the self-identification information is kept confidential, the information will be on a form that is kept separate from the application.

Do you claim employment preference as a veteran, disabled veteran, handicapped person or eligible spouse of one of the above? YES ☐ NO ☐ *If "YES" ask for and complete Form A and attach to this application.*

Disclaimer and Signature

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

All City of Hardin applications may be subject to the Right to Know provisions of Montana's Constitution (Art. II, Sect. 9) and may be considered a "public record" pursuant to Section 2-6-202 and Section 2-6-401, Montana Code Annotated. As such, this application and the fact that you applied for employment may be available for public disclosure and will be retained pursuant to the City's record retention policies. Those portions of the application that contain confidential information related to individual privacy may be protected from disclosure under law. I hereby authorize the City of Hardin to release to the public any portion of my application.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking, gathering and using such information and all other person, corporations or organizations for furnishing such information.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer has the authority to make assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully and understand the foregoing and seeking employment under these conditions.

Signature: _____ Date: _____