

Application is available online at <http://prco.mt.gov>
Please save to your computer before beginning to fill out.

Powder River County Application for Employment

This application is not an implied contract.

NAME: _____

MAILING ADDRESS: _____ CITY, ST, ZIP: _____

PHONE NO: _____

POSITION APPLIED FOR: _____

DATE AVAILABLE: _____ Have you submitted an application here before? YES NO
Have you been employed with us before? YES NO

If required for this position, do you have a valid driver's license? YES NO
 OPERATOR COMMERCIAL CLASS LICENSE #: _____ STATE: _____

TYPE OF EMPLOYMENT DESIRED:

- PERMANENT FULL TIME
- TEMPORARY (UP TO 12 MONTHS)
- SHORT TERM (UP TO 90 DAYS)
- PART TIME (LESS THAN 40 HRS/WEEK)
- SEASONAL

Powder River County is an ADA/EO/AA/Veteran's Preference Employer. An applicant claiming employment preference must complete an Employment Preference Form, available at your local Montana Job Service. Please attach the form to your application.

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School (include city & state)	Years Completed	Degree Earned

PERSONAL REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PROFESSIONAL LICENSES, REGISTRATIONS, OR CERTIFICATES

List any licenses, registrations, certificates, etc., that you have earned

Licenses, Registration, Certificate	DATE and EXPIRATION	RESTRICTIONS, IF APPLICABLE

LIST OTHER SKILLS, EDUCATION, EXPERIENCE, AND ABILITIES BELOW. YOU MAY ALSO INCLUDE A LIST OF EQUIPMENT THAT YOU KNOW HOW TO USE.

EMPLOYMENT EXPERIENCE

NAME OF EMPLOYER: _____ PHONE #: _____

ADDRESS: _____ CITY, ST, ZIP: _____

NAME OF SUPERVISOR: _____ TYPE OF BUSINESS: _____

AVERAGE HRS/WEEK _____ WAGE: _____ DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

DESCRIBE YOUR DUTIES: _____

NAME OF EMPLOYER: _____ PHONE #: _____

ADDRESS: _____ CITY, ST, ZIP: _____

NAME OF SUPERVISOR: _____ TYPE OF BUSINESS: _____

AVERAGE HRS/WEEK _____ WAGE: _____ DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

DESCRIBE YOUR DUTIES: _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, and in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 45 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause upon giving notice as set forth in the Powder River County Personnel Policy Handbook. This application does not constitute an agreement or contract for employment. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) eliminate me from further consideration for employment, or (b) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.

SIGNATURE: _____ DATE: _____

FOR PERSONNEL DEPARTMENT ONLY

Arrange interview? YES
 NO

Date: _____

Remarks: _____

Employed: YES Date of Employment: _____ Department: _____
 NO Job Title: _____ Hourly Rate: _____

Remarks: _____

Signature of Interviewer: _____ DATE: _____