



Employment Application

City of Livingston is an equal opportunity employer. All candidates for employment are reviewed without regard to race, religion, color, age, sex, national origin, citizenship, marital status, veteran status, disability, or any other classification protected by law. Consistent with the provisions of the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Personal Information

Name (First, MI, Last) _____ Date _____

Address Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

General Information:

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) NO YES

If yes, explain _____

Education & Training

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			
Other Education, Certifications, Licenses etc.			



Skills

Please list any skills you have that are appropriate for the position you are applying for:

If required, will you work? Rotating shifts YES NO Saturdays YES NO Sundays YES NO
 Overtime YES NO

Position applying for, be specific: _____

Salary Requirements \$ _____ per hour per month

Date you can start ___/___/___

State fully why you believe you are qualified for this position:

Employment History

Starting with your PRESENT or MOST RECENT EMPLOYER, list all employment for at least the past **FOUR** employers in consecutive order.

If currently employed, may we contact your employer? YES NO

Full Name Of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		



Full Name Of Company				Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone					
Street Address	City	State	Zip	Reason for Leaving:	
Name & Title of Supervisor					
Title of your Position					
List jobs held, duties performed, skills used and promotions while employed at this company:					

Full Name Of Company				Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone					
Street Address	City	State	Zip	Reason for Leaving:	
Name & Title of Supervisor					
Title of your Position					
List jobs held, duties performed, skills used and promotions while employed at this company:					

Other Employment Relevant to Position Applying For:



Business References

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
Relationship	Phone



Applicant Affidavit

1. I certify that all statements given by me on this application, on my resume or other supplementary material are true and correct without omission. I understand that falsification or omission of any information required by this form is sufficient grounds for immediate disqualification of candidacy or termination of my employment by City of Livingston. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
2. I understand that should employment be extended to me, I may be subject to the satisfactory results of any job related pre-employment examination required by the City of Livingston and my signature indicates my consent to such testing.
3. I acknowledge that I have been advised that I may be required to submit to a drug screen test as a requirement of the company's pre-employment background check program or part of the company's drug testing program. I further understand that the Drug and Alcohol Abuse policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy.

Additionally, a refusal to test, failure to submit adequate urine for test, or adulterated sample, constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that it is my responsibility prior to the drug testing to inform the laboratory and/or City of Livingston of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I consent to the release of the results of any drug test to authorized representatives of City of Livingston for appropriate review. I release City of Livingston, or any testing agency retained by it, its affiliates, Officers, employees and any person affiliated with the testing from any claims, losses, damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing.

I acknowledge that the Drug and Alcohol Policy of City of Livingston is to have a drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Drug and Alcohol Policy. I also understand that although I may not agree with the Drug and Alcohol Policy of City of Livingston, failure to acknowledge the policy with my signature below may prohibit my employment with City of Livingston. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify that I have read, fully understand and accept all terms of the above statements.

Date

EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

The Montana Veterans' Public Employment Preference Act and Persons with Disabilities Public Employment Preference Act allow eligible applicants to request a hiring preference when applying for a position with a public employer. Applying for a preference is **voluntary**, and all information related to a preference will be **kept confidential**. Public Employers will only use this information during the hiring process and will maintain the information in a separate confidential file. Applicants who wish to claim an employment preference must complete and return this form along with their completed employment application.

Applicants requesting preference must provide the appropriate documentation along with their application to verify eligibility.

Contact the local Job Service Workforce Center for details on veterans' preference or the local Montana Vocational Rehabilitation Services Office for details on obtaining a disability preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

A Veteran, if

1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

A Disabled Veteran, if

1. you were separated under honorable conditions from military duty, **AND**
2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him or her from working.

The unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. the veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

A person with a disability certified by DPHHS, **OR**

The spouse of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

DD-214 showing the character of discharge

Service-connected disability letter

DPHHS Disability Certification

A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

SIGNATURE (typed or written):

DATE SIGNED: