



# CITY OF LIVINGSTON, MT

## Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.
Have you ever been convicted of a misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain.
EDUCATION			
High School		Address	
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree (HS Diploma/Ged)
College		Address	
From	To	Did you graduate	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
REFERENCES			
<i>Please list three professional references and include letters of recommendation (if available).</i>			
Full Name		Relationship	
Company		Phone (    )	
Address			
Full Name		Relationship	
Company		Phone (    )	
Address			
Full Name		Relationship	
Company		Phone (    )	
Address			

**PREVIOUS EMPLOYMENT (FOR PAST 10 YEARS)-ATTACH MORE PAGES IF NECESSARY**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE (IF APPLICABLE)**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

**PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW.**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by the company, terms for my immediate expulsion from the City. \_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either the City or me. \_\_\_\_\_

I permit the City to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosures. In addition, I release the City, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_

Signature

Date

AUTHORIZATION TO RELEASE FORMATION

TO: City of Livingston  
414 East Callender Street  
Livingston, MT 59047

I am an applicant for the position of \_\_\_\_\_ with the City of Livingston. I am required to furnish information that this agency may use in determining my qualifications for this position. I understand that a thorough background and reference check will be conducted, including a criminal records check. I hereby give my consent for the City of Livingston and its representatives to conduct these checks and expressly authorize the release of any and all information concerning me, including information of a confidential or privileged nature. Information received will be used only for employment applicant purposes.

I hereby release the City of Livingston and any organization, entity, company, institution or person furnishing information to the City of Livingston from any liability for damage which may result from furnishing any information requested.

This form must be completely filled out and signed or applicant will be rejected.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

Print Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Birth Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

