

CITY OF RONAN EMPLOYMENT APPLICATION

207 Main SW, Ste A, Ronan, MT 59864 --- (406) 676-4231

CITY OF RONAN 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.

Position applying for: _____ Date available for work: _____

Last Name First Name Middle

E-Mail Address

Physical Address City State Zip

Mailing Address City State Zip

Day Phone Evening Phone Message or Cell Phone

Are you willing to work: ___ Full time ___ Part time ___ Temporary ___ Seasonal, dates available:

Do you have any relatives employed by the City: Yes ___ No ___

If yes, give name, relationship and department: _____

Have you worked for the City of Ronan before? Yes ___ No ___

If yes, list the dates, department and your job title: _____

If needed for the position you are applying for, do you have a valid driver's license? Yes ___ No ___

If yes: State: _____ Type & Number: _____ Operator / Commercial?

Endorsements? _____

Person to be notified in emergency:

Address City State Telephone Number

For Office Use Only (do not write in area below)

Accepted for Employment Yes ___ No ___ Start Date: _____

Handicapped ___ Veteran ___ Disabled Veteran ___

Interviewed by: _____

Approved by: _____ Date: _____

EDUCATION AND TRAINING

School	Name and Location	Graduate?	Course of Study	Degree?
High School				
Technical Business Or Trade				
College				
Special Studies				

CERTIFICATES

List any certificates relating to the position you are applying for:

SKILLS

List any knowledge, skills or other characteristics you personally possess relating to the position for which you are applying:

COMPUTER SKILLS

	Dates Used	Level of Proficiency
Hardware:		
Software:		
Operating Systems:		

EMPLOYMENT HISTORY

Please list employment experience, beginning with your most recent employment. Include military service and any volunteer work which has provided experience and that would help you qualify. Resumes will not be accepted in place of a completed application form. If necessary, additional sheets may be attached to this application form.

May we contact your present employer? Yes _____ No _____

Employer _____ Duties _____
Job title _____
From _____ To _____
Address _____
Telephone _____
Supervisor _____ Salary \$ _____ \$ _____
Starting Ending
Reason for leaving _____

Employer _____ Duties _____
Job title _____
From _____ To _____
Address _____
Telephone _____
Supervisor _____ Salary \$ _____ \$ _____
Starting Ending
Reason for leaving _____

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Employer _____ Duties _____
Job title _____
From _____ To _____
Address _____
Telephone _____
Supervisor _____ Salary \$ _____ \$ _____
Starting Ending
Reason for leaving _____

Print Last Name, First Initial _____

Military Service Information: Branch of Service _____

Active Service: From: _____ To: _____

Describe your duties and special training: _____

Do you claim veteran's preference? _____ YES _____ NO
If yes you must provide copy of legal document with this application.

REFERENCES

(Do not list former employers or relatives)

Name	Business or Occupation	Address	Telephone

Have you EVER been convicted of an offense against the law or forfeited a bond? (Please include ALL traffic violations)

Yes _____ No _____

Date	Offense	City/State	Disposition

WHERE DID YOU LEARN OF THIS POSITION?

- ON-LINE ACCESS
- NEWSPAPER AD
- WORD OF MOUTH
- LOCAL JOB SERVICE
- OTHER (Please identify) _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Ronan, I am required to furnish information which this agency may use in determining my qualifications. In this connection, I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge. I understand also, that I am required to abide by all rules, regulations and policies of the employer.

SIGNATURE OF APPLICANT

DATE
