



Hebgen Basin Rural Fire District
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On **each** sheet write your name and the job title you are applying for. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date each application you submit. **LATE, INCOMPLETE OR UNSIGNED applications will not be considered.**

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted; (b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of applications.

1. Name

Last First Middle

Mailing Address

Street or PO Box

City

State

Zip Code

Telephone Number

Work

Home

Cell

Email address

2. What position are you applying for? (See Job Vacancy Announcement)

Department

Division

Job Location

Position Title

Will you accept: Full-time Part-time Temporary Dates Available for Temporary to

3. The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment with the State of Montana or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me to the State of Montana or its agents and employees. I release all persons or companies from any liability or responsibility for providing such information.

SIGNATURE

DATE SIGNED

4. EDUCATION - High School Name:

High School Address:

Received Diploma or Equivalency Certificate? Yes No If "No," enter highest grade completed _____

College, University and Other Schools Name and Location	Dates Attended Month/Year	Degree/Certificate Received	Degree/Certificate Date	Major/Minor Field	Credits Earned Indicate Qtr or Sem

Training Courses Name and Location	Dates Attended Month/Year	Did you Complete?	Title/Description of Course	Total Hours

5. List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

6. List special skills such as word processing, operating a forklift, dump truck or computer programming. Include a list of equipment that you know how to use. May list skills from volunteer work like Habitat for Humanity or from professional organizations like Toastmasters.

7. EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position you are applying for. **Begin with your present or most recent experience.** Include military service that would help you qualify. **List each promotion as a separate position.** Use Additional Employment Experience forms (PD- 30) as necessary. **This information must be completed even if you submit a resume.**

Name & Complete Address of Employer	
-------------------------------------	--

Your Job Title	Dates Employed	/	to	/	
Type of Business		Month/Year		Month/Year	
Immediate Supervisor(s)	Phone No.	Avg. Hrs. Per Week		Time Employed /	
				Years/Months	
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Volunteer	

Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete Address of Employer	
-------------------------------------	--

Your Job Title	Dates Employed	/	to	/	
Type of Business		Month/Year		Month/Year	
Immediate Supervisor(s)	Phone No.	Avg. Hrs. Per Week		Time Employed /	
				Years/Months	
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Volunteer	

Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

7. EXPERIENCE Continued....

Name & Complete Address of Employer	
-------------------------------------	--

Your Job Title _____ Dates Employed / / to / /
Month/Year Month/Year

Type of Business _____ Avg. Hrs. Per Week _____ Time Employed / /
Years/Months

Immediate Supervisor(s) _____ Phone No. _____
 Full-time Part-time Volunteer

Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete Address of Employer	
-------------------------------------	--

Your Job Title _____ Dates Employed / / to / /
Month/Year Month/Year

Type of Business _____ Avg. Hrs. Per Week _____ Time Employed / /
Years/Months

Immediate Supervisor(s) _____ Phone No. _____
 Full-time Part-time Volunteer

Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

8. If requested by a State agency, would you like a copy of your state employment application made available for other similar state positions? YES NO **There is no guarantee that this information will be made available.**

PAGE 5
APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the State of Montana to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in state government.

Because this sheet is separated from your application, please give us your name, address and phone number again. State of Montana has a Human Resource System that automates recruitment information. To prevent duplicate records, please answer the following questions. Thank you for your cooperation.

Have you applied for a State government job before? Yes No
Are you a current or past State government employee? Yes No

9. Name
 First Middle Last

Mailing Address
Email Home Phone No. City/State/Zip

Other Phone Numbers (such as business, cellular) – Indicate **type** of phone.

Type	Phone No.	Type	Phone No.
Job Applied For: Department	Job Title		
Position No.	Closing Date		Location

10. HIGHEST EDUCATION LEVEL - Please check the **one** box that best describes your highest education level.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Some College | <input type="checkbox"/> Some Graduate | <input type="checkbox"/> Post-Doctorate |
| <input type="checkbox"/> High School Graduate or Equivalent | <input type="checkbox"/> 2 years of College Degree | <input type="checkbox"/> Master's Level Degree | |
| <input type="checkbox"/> Technical School | <input type="checkbox"/> Bachelor's Level Degree | <input type="checkbox"/> Doctorate | |

11. REFERRAL SOURCE - How did you FIRST learn of this position?

- | | | |
|--|--|--|
| <input type="checkbox"/> Newspaper Ad | Agency Contact (specify below) | <input type="checkbox"/> Job Service Posting |
| <input type="checkbox"/> Internet Listing | <input type="checkbox"/> Phone Inquiry | <input type="checkbox"/> T.E.R.O. Referral |
| <input type="checkbox"/> Career/Job Fair | <input type="checkbox"/> Written Inquiry | <input type="checkbox"/> Another Referral Organization Posting |
| <input type="checkbox"/> College Recruitment | <input type="checkbox"/> Posted in Agency building | <input type="checkbox"/> State Employee or Former State Employee |
- Referral
- | | | |
|-------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Open House | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Other |
|-------------------------------------|----------------------------------|--------------------------------|

12. **AGE 18 OR OLDER** – Please leave blank if under the age of 18. **13.** **FEMALE** **MALE**

14. SOCIAL SECURITY NO. This is voluntary and asked for in order to keep your records separate from others who may have the same name.

15. ETHNIC GROUP - Please check the **one** box that best describes your ethnicity.

- AMERICAN INDIAN or ALASKAN NATIVE**
- ASIAN or PACIFIC ISLANDER**
- BLACK** (Not of Hispanic origin)
- SPANISH** (Hispanic)
- WHITE** (Not of Hispanic origin)

16. MILITARY STATUS – Please check the one box that best describes your military status.

- | | | | | | |
|--|---|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> No Military Service | <input type="checkbox"/> Active Reserve | <input type="checkbox"/> Inactive Reserve | <input type="checkbox"/> Retired | <input type="checkbox"/> Vietnam Veteran | <input type="checkbox"/> Other |
|--|---|---|----------------------------------|--|--------------------------------|

17. **DISABLED VETERAN**

