

APPLICATION FOR EMPLOYMENT

CITY OF SCOBEEY
PO Box 68
708 1st Ave West
Scobey MT 59263
Tel 487-5581 Fax 487-5541

Use tab key to move through fields

Notice To Applicants

It is the policy of the City of Scobey to consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the City of Scobey.

Position Applied for: _____ Department: _____

Name: _____
LAST FIRST MIDDLE INITIAL

Present Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Home Phone: () _____

Have you ever been convicted of any felonies other than minor traffic violations during the past seven years? Yes No

If yes, describe _____

(A criminal record of a conviction will not automatically bar employment, but will be considered only as a reasonably relates to your fitness to perform in the position for which you are applying.)

Have you worked for the City of Scobey before? Yes No

If yes, please give dates and department: Position: _____

Department: _____ From: _____ to _____

Reason for leaving: _____

Do you have a relative working for the City of Scobey? Yes No

If yes, what is their name? _____

What Department do they work in? _____

EDUCATION:

Check highest grade completed 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma? Yes No

High School: _____

City _____ State _____

College/University: _____ Degree/Cert. Earned: _____

City _____ State _____ Course of Study: _____

College/University: _____ Degree/Cert Earned: _____

City _____ State _____ Course of Study: _____

Vocational/Business: _____ Degree/Cert Earned: _____

City _____ State _____ Course of Study: _____

SPECIAL SKILLS: Please describe your skills with hand and power tools, office machines, calculators, copying machines, work processors, computers, computer software, typing and shorthand speed, and proficiency, special secretarial skills, or skills required for the position applied for. (attach separate page if needing more room)

EMPLOYMENT HISTORY

Title: _____ **Dates employed: From:** _____ **to** _____
Company Name: _____ **Supervisor Name:** _____
Address: _____ **Supervisor Phone #:** _____
City: _____ **State:** _____ **Salary: Start** _____ **Current/End** _____

Describe work performed:

Reason for Leaving: _____

Title: _____ **Dates employed: From:** _____ **to** _____
Company Name: _____ **Supervisor Name:** _____
Address: _____ **Supervisor Phone #:** _____
City: _____ **State:** _____ **Salary: Start** _____ **Current/End** _____

Describe work performed:

Reason for Leaving: _____

Title: _____ Dates employed: From: _____ to _____
Company Name: _____ Supervisor Name: _____
Address: _____ Supervisor Phone #: _____
City: _____ State: _____ Salary: Start _____ Current/End _____

Describe work performed:

Reason for Leaving: _____

Title: _____ Dates employed: From: _____ to _____
Company Name: _____ Supervisor Name: _____
Address: _____ Supervisor Phone #: _____
City: _____ State: _____ Salary: Start _____ Current/End _____

Describe work performed:

Reason for Leaving: _____

LIST ANY LICENSES AND/OR CERTIFICATIONS CURRENTLY HELD:

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Scobey, 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