

## TOWN OF SHERIDAN AN EQUAL OPPORTUNITY EMPLOYER

Town of Sheridan  
Application for Employment  
PO BOX 78  
103 E. Hamilton St.  
Sheridan, MT 59749



Telephone: (406) 842-5431  
Fax: (406) 842-5430  
Email: [sheridan@3rivers.net](mailto:sheridan@3rivers.net)

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### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you eligible to work in the US?    Yes    No (circle one)

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### POSITION

Position you are applying for: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Employment Desired: \_\_\_\_\_ Full time    \_\_\_\_\_ Part time    \_\_\_\_\_ Seasonal/Temporary

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### EDUCATION

School Name	Location	Degree Received	Major

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### SKILLS AND QUALIFICATIONS

Summarize any special training skills, registrations, licenses and/or certifications that may assist you in performing the position for which you are applying:

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If required for this position:

- a. Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Commercial Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If commercial, specify: Type \_\_\_\_\_ Class \_\_\_\_\_  
Endorsements: \_\_\_\_\_
- b. Are you willing to travel overnight? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### COMPUTER SKILLS AND OR EQUIPMENT (equipment means mobile, office, etc. that apply to the position you are applying for)

Summarize any special computer and/or equipment training, skills, knowledge, licenses and/or certificates, that you may have obtained:

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### EXPERIENCE

Name of Employer	Dates	Job Title	Supervisor	Phone Number

Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer	Dates	Job Title	Supervisor	Phone Number

Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TOWN OF SHERIDAN AN EQUAL OPPORTUNITY EMPLOYER

Name of Employer	Dates	Job Title	Supervisor	Phone Number

Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer	Dates	Job Title	Supervisor	Phone Number

Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### PROFESSIONAL REFERENCES

Name	Title	Company	Phone

The Town of Sheridan is committed to make reasonable accommodations to any known disability that may interfere with an applicant's ability to compete in the application and interview process. If you would like us to consider any such accommodation, please, on a separate sheet of paper attach a description of the desired accommodation.

The Town of Sheridan complies with the Veteran's and Handicapped Person's Employment Preference Act, which provides preference in public employment for certain military veterans and handicapped persons or their eligible spouses. Contact your Vocational Rehabilitation Services Office (Dept. of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. For more information, contact your local Job Service Office. **IF YOU ARE CLAIMING THIS EMPLOYMENT PREFERENCE, YOU MUST COMPLETE A VETERAN PREFERENCE FORM ATTACHED.**