



**TOWN OF SHERIDAN
APPLICATION FOR EMPLOYMENT
103 E. HAMILTON
SHERIDAN, MT 59749**

**TEL: (406) 842-5431
FAX: (406) 842 5430**

An Equal Opportunity Employer

Name

LAST FIRST M.I.

Address _____

Telephone No. _____ (Home)

_____ (Work)

_____ (Cell)

E-mail _____

This section must be completed for each position you apply for.

Job Title _____

Job Location _____

Agency _____

**DATE YOU ARE AVAILABLE
TO GO TO WORK**

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

Will you accept: Full time Part time (less than 40 hours per week)

Temporary Seasonal On call

Day Shift Other than day shift Rotating shifts

The Town of Sheridan is committed to make reasonable accommodation 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 local 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 SECTION 17 AND/OR 18 OF THIS APPLICATION.**

10. EDUCATION

a. HIGH SCHOOL

Received:

- Diploma or Equivalent Certificate
- None – If "none", enter the highest grade completed _____

b. NAME/ADDRESS OF HIGH SCHOOL AWARDED DIPLOMA OR EQUIVALENCY CERTIFICATE:

c. COLLEGE/UNIVERSITY(S)

Name/Location: _____ Degree/Certificate Yes No

Major: _____ Minor _____

Name/Location: _____ Degree/Certificate Yes No

Major: _____ Minor _____

Name/Location: _____ Degree/Certificate Yes No

Major: _____ Minor _____

11. SKILLS AND QUALIFICATIONS

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

12. COMPUTER SOFTWARE

- Excel Word PowerPoint Publisher Internet
- Outlook Explorer Corel Adobe FrontPage Illustrator
- Other _____

13. OFFICE EQUIPMENT

- Computers Scanners Copiers Facsimile Machine
- Multi-Line Telephone System Postage Meter Ten Key Calculator
- Other _____

14. EXPERIENCE:

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not an adequate amount of space, you may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. This information must be completed even if a resume is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? Yes No

Name & Address _____ Dates ____/____ to ____/____ (mo./year)
of Employer _____ Job Title _____
_____ Type of Business _____
Immediate Supervisor _____ Full-time Part-time Volunteer
Telephone Number _____ Average Hours per Week _____

Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments)

Reason for leaving: _____

Name & Address _____ Dates ____/____ to ____/____ (mo./year)
of Employer _____ Job Title _____
_____ Type of Business _____
Immediate Supervisor _____ Full-time Part-time Volunteer
Telephone Number _____ Average Hours per Week _____

Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments)

Reason for leaving: _____

ADDITIONAL EXPERIENCE:

Name & Address of Employer _____ _____	Dates ____/____ to ____/____ (mo./year) _____ Job Title _____
Immediate Supervisor _____ Telephone Number _____	Type of Business _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer Average Hours per Week _____
Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments) _____ _____ _____	
Reason for leaving: _____ _____	

Name & Address of Employer _____ _____	Dates ____/____ to ____/____ (mo./year) _____ Job Title _____
Immediate Supervisor _____ Telephone Number _____	Type of Business _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer Average Hours per Week _____
Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments) _____ _____ _____	
Reason for leaving: _____ _____	

Name & Address of Employer _____ _____	Dates ____/____ to ____/____ (mo./year) _____ Job Title _____
Immediate Supervisor _____ Telephone Number _____	Type of Business _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer Average Hours per Week _____
Describe your duties (knowledge, skills & abilities required, employees supervised, accomplishments) _____ _____ _____	
Reason for leaving: _____ _____	

15. CONTINUATION/EXPLANATIONS (refer to the item# being continued or explained):

16. I hereby certify that all information on this is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Attached:

Additional Employment Experience Form

Resume

Other (specify) _____

Transcript

DD-214 (for Veterans)

SIGNATURE _____

DATE SIGNED _____

Name:

Position:

If you are claiming preference under the Veteran's Employment Preference Act or Handicapped Persons' Employment Preference Act, complete the following:

17. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection process is used. To claim **VETERAN'S EMPLOYMENT PREFERENCE** you must be a U.S. citizen and (check one of the boxes below):

- A Veteran, if**
 1. You have been separated under honorable conditions.
AND
 2. You have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines or Coast Guard (not including National Guard or Reserves).

- A disabled Veteran, if**
 1. You have been separated under honorable conditions from active duty.
AND
 2. You have an established Armed Forces, service-connected disability OR are receiving compensation, disability retirement benefits or pension from the U.S. Department of Veterans Affairs or military department OR you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. THE VETERAN lost his or her life under honorable conditions while serving in the Armed Forces OR THE VETERAN has a service-connected, permanent and total disability.

AND
2. YOUR HUSBAND is totally and permanently disabled OR you are the unremarried widow of the father of the veteran.

18. To claim **HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE**, you must be (check one of the boxes below):

A handicapped person certified by SRS, or

The spouse of a totally (100%) disabled person certified by the SRS.

If you checked one of the boxes for Handicapped Persons' Employment Preference Act:

Are you a Montana resident? Yes No If yes, date of residency established _____