



## TREASURE COUNTY, MONTANA

Application for Employment  
An Equal Opportunity Employer

Employees of Treasure County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, creed, religion, political affiliation, national origin, disability, marital status, sex or age.

**Treasure County encourages applications from diverse candidates and candidates who support diversity**

PLEASE READ CAREFULLY - PRINT CLEARLY OR TYPE - ANSWER ALL QUESTIONS

Name in full \_\_\_\_\_ ( )  
(Last) (First) (Middle) (Telephone)

Address \_\_\_\_\_  
(Mailing) (City) (State & Zip)

Address \_\_\_\_\_  
(Physical) (City) (State & Zip)

Are you 18 years or older?  Yes  No Email \_\_\_\_\_

Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_

List other names, if any, used on employment or education records: \_\_\_\_\_

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?  Yes  No

Have you ever worked for Treasure County?

Yes  No Department? \_\_\_\_\_ When? \_\_\_\_\_

Position Held? \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Do you have any relatives working for Treasure County?  Yes  No

If yes, where? \_\_\_\_\_

Have you ever been convicted of a felony? (Conviction is not an automatic bar to employment.)

Yes  No

If yes, describe in full giving dates: \_\_\_\_\_

## EDUCATION

School	Name & Address of School	Course of Study	# of Years Completed	Did you Graduate?	List Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)					

## MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Employment Preference Act or Persons with Disabilities Employment Preference, check the appropriate box(es) below: (Documentation will be required)

**To claim Veterans' Employment Preference you must be a U.S. citizen and (check one of the boxes below):**

- A Veteran separated under honorable conditions.
- A Disabled Veteran separated under honorable conditions.
- 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 the veteran lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service-connected, permanent, and total disability.

**You may claim Disabled Persons Employment Preference as (check on of the boxes below):**

- A disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.
- The spouse of totally (100%) disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.

**If you checked one of the above boxes for Persons with Disabilities Employment Preference Act:**

Are you a Montana resident?  Yes  No

If "YES", date residency established:

## EMPLOYMENT HISTORY

(Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Give a complete record of employment.)

Most recent employment first

May we contact employer listed below? YES  NO

Position/Title _____	From Mo./Yr. ____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week ____
Supervisor's Name & Title _____	Phone No. ____	
In your own words describe your work: _____		
Reason for Leaving: _____		

May we contact employer listed below? YES  NO

Position/Title _____	From Mo./Yr. ____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week ____
Supervisor's Name & Title _____	Phone No. ____	
In your own words describe your work: _____		
Reason for Leaving: _____		

May we contact employer listed below? YES  NO

Position/Title _____	From Mo./Yr. ____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week ____
Supervisor's Name & Title _____	Phone No. ____	
In your own words describe your work: _____		
Reason for Leaving: _____		

May we contact employer listed below? YES  NO

Position/Title _____	From Mo./Yr. ____	To Mo./Yr. _____
Employer _____		Phone: _____
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Supervisor's Name & Title _____		Hours/week ____
In your own words describe your work: _____		Phone No. ____
Reason for Leaving: _____		

Please explain any periods of unemployment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add additional pages if necessary.

**RESUME REQUESTED BUT NOT REQUIRED.**

**REFERENCES**  
(Minimum of 3 non-family references are required.)

1) Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

List SKILLS you believe relevant to position

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION and AUTHORIZATION FOR RELEASE OF INFORMATION**

(Each application requires current date and original signature.)

I am an applicant for a position with Treasure County. As such I am required to furnish information, which the County may use to determine my qualifications and suitability for employment.

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of employment opportunities with Treasure County or termination of my existing employment with Treasure County. I further understand that all information on this application is subject to verification and I consent to a criminal history / driving background checks for applicable positions.

I also consent that authorities of Treasure County may contact my references, former employers, educational institutions or any other entities or agencies listed regarding this application. I further release said County, as well as my former employers, from any and all liability resulting from these reference checks.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

We appreciate your interest in employment with Treasure County. Please feel free to attach your resume to this application, or any other additional information which you feel will be helpful in evaluating your qualifications for the position.

**Submit completed and signed application to:**

Treasure County Clerk & Recorder's Office

307 Rapelje Ave

PO Box 392

Hysham, MT 59038

**OFFICE USE ONLY**