



Town of Whitehall Montana  
Office of the Clerk  
County of Jefferson, State of Montana  
P.O. Box 529/207 East Legion  
Whitehall, MT 59759  
Phone: 406-287-3972  
Fax: 406-287-5088  
[clerk@townofwhitehall.org](mailto:clerk@townofwhitehall.org)

## APPLICATION FOR EMPLOYMENT

### Notice To Applicants

It is the policy of the Town of Whitehall 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 Town of Whitehall.

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 a felony?  Yes  No

If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Do you claim veteran's preference?  Yes (see note below\*)  No

\*If yes, you **must provide** a copy of legal document with this application.

Have you worked for the Town of Whitehall 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 Town of Whitehall?  Yes  No

If yes, what is their name? \_\_\_\_\_ What relation? \_\_\_\_\_

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:

---

---

---

---

---

---

---

---

**Military Service Information:** Branch of Service \_\_\_\_\_

Active Service: From \_\_\_\_\_ To \_\_\_\_\_

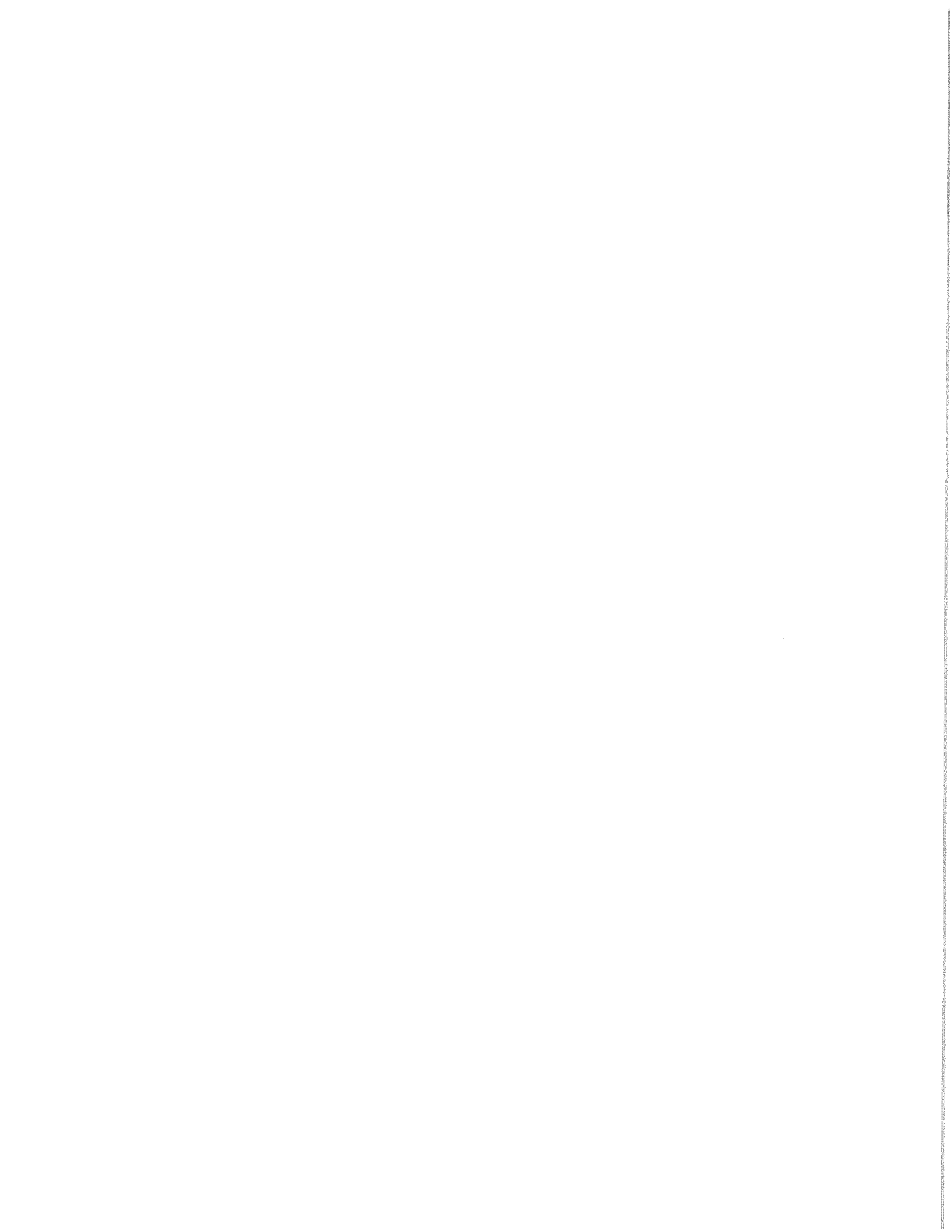
Describe your duties and/or special training: \_\_\_\_\_

---

---

---

---



# AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Town of Whitehall, 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

## VETERANS' REEMPLOYMENT PREFERENCE ACT

To claim preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to apply employment preference.

**Veterans' Employment Preference provides the addition of 5 percentage points or 10 percentage points to the applicant's score when a numerically scored selection procedure is used.**

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

**A Veteran, if** You have been separated under honorable conditions, **AND**

1. You have served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized, **or**
2. You are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

**A Disabled Veteran, if** You have been separated under honorable conditions, **AND**

- You have an established Armed Force, service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U. S. Department of Veteran Affairs or military department, **OR**, you have received a purple heart.
- The spouse of a disabled veteran** if the veterans' disability prevents him/her from working
- The un-remarried surviving spouse of a veteran or disabled veteran**
- The mother of a veteran, if**
1. The Veteran lost his/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 SPOUSE is totally and permanently disabled, **OR** you are the un-remarried widow of the father of the veteran.

## HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE

**You may claim Montana Persons with Disabilities Employment Preference as (check one of the boxes below):**

- A person with a disability certified by PHHS.
- The spouse of a totally (100%) disabled person certified by PHHS and have resided continuously in Montana for at least 1 year immediately before apply for employment.

**Date of Montana Residency:** \_\_\_\_\_

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

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

# VOLUNTARY EQUAL OPPORTUNITY REPORTING INFORMATION

The information you provide on this form is collected in compliance with State and Federal law to determine if the City's hiring practices are discriminating against any group. The information will be separated from the application and will not be used in making any hiring decisions. Thank you for your cooperation.

**PLEASE CHECK ONE OF THE DESCRIPTIONS BELOW CORRESPONDING TO THE ETHNIC GROUP WITH WHICH YOU MOSTLY IDENTIFY:**

- White** – a person having origins in any of the original peoples of Europe, North America or the Middle East.
- Black** – a person having origins in any of the Black racial groups of Africa.
- Hispanic** – a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines or Samoa.
- American Indian or Alaskan Native** – a person having origins in any of the original peoples of North America, South America and Central America who maintain tribal affiliation or community attachment.

SEX:  MALE  FEMALE

AGE AS OF LAST BIRTHDAY \_\_\_\_\_

WHERE DID YOU LEARN OF THIS POSITION?

- ON-LINE ACCESS
- NEWSPAPER AD
- WORD OF MOUTH
- LOCAL JOB SERVICE
- OTHER (Please identify) \_\_\_\_\_