



# EMPLOYMENT APPLICATION

TOWN OF WEST YELLOWSTONE

P.O. BOX 1570

West Yellowstone, MT 59758

[info@townofwestyellowstone.com](mailto:info@townofwestyellowstone.com)

**Thank you for your interest in employment with the Town of West Yellowstone.**

We are an equal opportunity employer and consider all applicants for all positions without regard to race, ancestry, color, religion, creed, sex, national origin, age, marital status, political beliefs, veteran or military status, genetic information, sexual orientation, or the presence of a non-job-related medical condition or physical/mental disability. We also do not discriminate based on any other status protected by law, unless such status is a bona fide occupational qualification. Please note that a separate application, résumé, and any required supporting documentation must be submitted for each job vacancy, as outlined in the specific job posting.

Date of Application: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Department: \_\_\_\_\_ When are you available to begin work? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

## **PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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

List any other names used, if any: \_\_\_\_\_

Are you eligible to work in the United States?  YES  NO

*If hired, you will be required to provide proof of identity and eligibility to legally work in the U. S*

Are you 18 years or older?  YES  NO

Have you ever been convicted of a felony?  YES  NO

**If yes, please describe in full- including dates, location and offense:**

*A criminal conviction does not automatically disqualify an applicant from employment; however, it will be considered in relation to the specific requirements and responsibilities of the position.*

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Have you ever worked for or are currently working for the Town of West Yellowstone?  YES  NO

If yes, please give dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any relatives that work for the Town of West Yellowstone?  YES  NO

If yes, please give their name(s): \_\_\_\_\_

### **EDUCATION**

#### **High School:**

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO

#### **College:**

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO

Degree: \_\_\_\_\_

#### **Other:**

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO

#### **Special Skills**

Do you have any special skills or certifications relevant to this position? If so, please describe them.

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**DRIVER'S LICENSE**

Do you have a valid Driver's License?  YES  NO State Issued? \_\_\_\_\_

Number? \_\_\_\_\_

Do you have a Commercial Driver's License?  YES  NO

If yes, please specify: Type: \_\_\_\_\_ Class: \_\_\_\_\_

**OTHER LICENSES OR CERTIFICATES**

Certification/License Name: \_\_\_\_\_ Type of Certification/License: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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Certification/License Name: \_\_\_\_\_ Type of Certification/License: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**REFERENCES**

List three (3) references, excluding relatives, who have knowledge of your ability to perform this job:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

## **EMPLOYMENT HISTORY**

Begin with your present or most recent job and list all relevant work experience, including military service and volunteer work. *The information you provide on this application is subject to verification. We may contact your previous employers for reference checks and to confirm the details you've submitted.*

May we contact your current employer?  YES  NO

CURRENT EMPLOYER: \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the work you performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Past Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO

Past Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO

## **AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for employment with the Town of West Yellowstone, I understand that I am required to provide information necessary to assess my qualifications. I hereby expressly authorize the release of any and all information that you, as a current or former employer or employment reference, may have concerning me. This includes, but is not limited to, information regarding my job performance, conduct, and any other relevant details—even those of a confidential or privileged nature.

I release all individuals and organizations from any and all liability arising from the disclosure of such information.

I further authorize photocopies or other reproductions of this document to be considered as valid as the original.

I acknowledge that I may be required to undergo a drug test prior to employment, in accordance with the Town of West Yellowstone's Drug-Free Workplace and Pre-Employment Drug Testing Policy. I understand that a negative drug test result is a condition of employment, and that remaining drug-free is an ongoing requirement for continued employment.

Additionally, I consent to a background and security investigation conducted by or on behalf of the Town of West Yellowstone as a condition of employment.

**I have read and agree with the above statements. If applying online, I authorize electronic submission of this document to serve as the original.**

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

## EMPLOYMENT PREFERENCE ACTS

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

Position applied for: \_\_\_\_\_ Department: \_\_\_\_\_

### Veterans' and Persons with Disabilities Employment Preference

If you are claiming preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act, please complete the section below and attach the required documentation to support your claim. Under the Veterans' Employment Preference, eligible applicants may receive an additional 5 or 10 percentage points added to their score when a numerically scored selection process is used. For more information on veterans' preference, contact your local Job Service office.

For information on obtaining certification for the Persons with Disabilities Employment Preference, contact your local Montana Vocational Rehabilitation Services Office, part of the Department of Public Health and Human Services (DPHHS).

If you claim Preference, documentation must be attached. Please check which attachments you have included:

DD-214

PHHS Disability Certificate

Other

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 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 campaign badge is authorized.
2. You are or have been a member of the Montana Army or Air National Guard who 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

1. You have been separated under honorable conditions from military 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 un-married surviving spouse of a veteran or disabled veteran.

A Mother of a Veteran, if

1. THE VETERAN died 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-married widow of the father of the veteran.

To claim Montana Persons with Disabilities Employment Preference you must be (check ONE of the boxes below):

A person with a disability certified by PHHS, OR

The spouse of a totally (100%) disabled person certified by PHHS AND have resided continuously in Montana for at least 1 year immediately before applying for employment.

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

## APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the State of Montana to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed.” This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The Town of West Yellowstone is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual

**Position Closing Date:** \_\_\_\_\_

Male  Female

Are you 18 years or older?  Yes  No

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

Job Applied For: \_\_\_\_\_ Department: \_\_\_\_\_

### How did you first learn of this position?

- Newspaper ad or Journal Ad
- Telephone Job Line
- Job Service
- Career/ Job Fair
- Female, minority or handicapped referral organization
- A friend/ employee
- Posted in Town Hall
- Town of West Yellowstone Website
- Other (specify) \_\_\_\_\_

**MILITARY STATUS-** Please check the ONE box that best describes your military status

- No Military Service
- Inactive Reserve
- Vietnam Veteran
- Active Reserve
- Retired
- Other Veteran
- DISABLED VETERAN

**RACE/ETHNICITY**- Please check the ONE box that best describes your race/ethnicity:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origins regardless of race.
- White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.