EMPLOYMENT APPLICATION

TOWN OF WEST YELLOWSTONE

P.O. BOX 1570
West Yellowstone, MT 59758
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.

_____
_____
_____
_____

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.

_____
_____
_____
_____
_____
_____
_____

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: _____

Certification/License Name: _____ Type of Certification/License: _____

Issue Date: _____ Expiration Date: _____

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 governmental 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/ETNICITY- 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.