SHERIDAN COUNTY
APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER
Auxiliary Aids and Services are Available Upon
Request to Individuals With Disabilities

The information contained on this form is sought in
Good faith. It will not be used in anyway to discriminate
Against any applicant for employment in violation of
State or Federal law.

INSTRUCTIONS:
Please complete this application by typing or printing in ink. An application tailored to the position is to your
advantage.

Section 14 of page 5 of this form may be used to continue or explain answers or provide other information
Relative to your qualifications or availability.
INCOMPLETE or UNSIGNED applications will not be considered.

1. Name: ____________________________
   Last               First              MI

2. Address: ____________________________
   Street

   City   State   Zip Code

3. Phone No: ____________________________
   Work               Home

4. This section must be completed for
each position you apply for.
   Job Title ____________________________
   Job Location ____________________________
   Date you are available for work ____________________________

5. If required for this position:
   Do you have:    a. Valid driver’s license? _____________ Yes    ____________ No
   Commercial driver’s license? _____________
   If commercial, specify:  Type _______ Class _______
   Hazardous material _______ Tank _______ Airbrakes _______
   b. Are you willing to travel overnight? Yes ______ No ______
   Are you willing to accept:    Full-time    Part-time (less than 40 hrs/wk)
   Temporary    Seasonal    On Call
   ____ Day Shift ______ Other than day shift  ____ Rotating Shifts

This employer is committed to make reasonable accommodations 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 accom-
modation, please on a separate sheet of paper attach a description of the desired accommodation.

This public employer complies with the Veteran’s and Handicapped person’s Employment Preference Act which pro-
vides 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 PAGE 6 OF THIS APPLICA-
TION.

SHERIDAN COUNTY
6. EDUCATION
A. HIGH SCHOOL
   Received:
   ______ Diploma of Equivalent Certification
   ______ None – If “None”, enter the highest
   grade completed ______

7. COLLEGE or UNIVERSITY LOCATION
   DATE ATTENDED  CREDIT HRS EARNED
   QTRS/ SEMS  DEGREES RECEIVED  DATE OF
   DEGREE  MAJOR FIELD  MINOR
   FIELD

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<th>College/University</th>
<th>Date Attended</th>
<th>Credit Hrs Earned</th>
<th>Degree Received</th>
<th>Date of Degree</th>
<th>Major Field</th>
<th>Minor Field</th>
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8. Other School or Training Courses
   which help you qualify
   NAME, LOCATION

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<tr>
<th>School/Location</th>
<th>Date Attended</th>
<th>Did you Complete</th>
<th>Title/Description of Course</th>
<th>Total Hours</th>
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9. LIST PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (CPA, etc.)

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<tr>
<th>A. Name and Complete Address of Licensing Agency</th>
<th>B. Type of License</th>
<th>C. Endorsement/Restriction (if Applicable)</th>
<th>D. Date Licensed</th>
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10. If applying for skilled craft jobs, are you a recognized Journey Level Worker? [ ] YES [ ] NO
    If “yes”, what craft or trade? __________________________  When received? __________________________

11. SPECIAL SKILLS – Check the skill you possess Specify speed/errors where requested
    ______ TYPING ______/_______  ______ DATA ENTRY ______/_______  ______ MEDICAL TERMINOLOGY
    ______ SHORTHAND ______/_______  ______ TEN-KEY BY TOUCH ______/_______  ______ LEGAL TERMINOLOGY
    ______ COMPUTER LANGUAGES (Specify) ______/_______  ______ OTHER ______/_______

12. EQUIPMENT – List types of equipment you can operate and specify name or model you have used (e.g. word processor computer, etc.).

SHERIDAN COUNTY
13. 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 piece 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 & Complete Address of Employer:

Job Title: ___________________________ Dates: _____ / _____ to _____ / _____

Immediate Supervisor: ___________________________ Full-time: _____ Part-time: _____

Highest Salary $ _______________ Phone Number: ___________________________

Volunteer, Average hours per week ___________________________

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

________________________________________________________________________

________________________________________________________________________

Reason for Leaving: ___________________________

Name & Complete Address of Employer:

Job Title: ___________________________ Dates: _____ / _____ to _____ / _____

Immediate Supervisor: ___________________________ Full-time: _____ Part-time: _____

Highest Salary $ _______________ Phone Number: ___________________________

Volunteer, Average hours per week ___________________________

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

________________________________________________________________________

________________________________________________________________________

Reason for Leaving: ___________________________
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| Job Title: __________________________ | Dates: ___/___ to ___/___ |
| Immediate Supervisor: _______________ | Full-time: ___ Part-time: ___ |

| Highest Salary $ __________ | Phone Number: ___________________
| Volunteer, Average hours per week |

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

| Reason for Leaving: ____________________ |

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| Job Title: __________________________ | Dates: ___/___ to ___/___ |
| Immediate Supervisor: _______________ | Full-time: ___ Part-time: ___ |

| Highest Salary $ __________ | Phone Number: ___________________
| Volunteer, Average hours per week |

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

| Reason for Leaving: ____________________ |

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| Job Title: __________________________ | Dates: ___/___ to ___/___ |
| Immediate Supervisor: _______________ | Full-time: ___ Part-time: ___ |

| Highest Salary $ __________ | Phone Number: ___________________
| Volunteer, Average hours per week |

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

| Reason for Leaving: ____________________ |
14. CONTINUATION/EXPLANATIONS (refer to item # being continued or explained)

Item #


15. 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.**

SIGNATURE: ___________________________ DATE SIGNED: ___________________________

16. EMPLOYMENT REFERENCES

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<tr>
<th>NAME</th>
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17. VETERAN STATUS

- [ ] Disabled Vietnam Era Veteran
- [ ] Disabled Veteran of other Campaign/War Era
- [ ] Other Disabled Veteran
- [ ] Vietnam Era Veteran
- [ ] Veteran of other Campaign/War Era
- [ ] Veteran of the Persian Gulf War
APPLECT SURVEY

Title VII of the U.S. Civil Rights Act requires employers 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”. The following survey helps to fulfill these requirements. This application survey will be separated from your application. The survey information will be kept confidential, used only for statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices of the employer.

Name ___________________________ Social Security Number _____ / _____ / ________

Job applied for: ____________________ Job Title _________________________________

Location __________________________

How did you first learn of this position?

___ Newspaper ad or Journal ad _____________________________ Community Organization

___ Friend ________________________________________________ Job Service

___ Female, minority, or disabled referral organization ________ Other (Specify)

___ MALE  ___ FEMALE  DATE OF BIRTH (month/day/year) _____ / _____ / ________

RACE/ETHNICITY

___ WHITE (Not of Hispanic origin)

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

___ BLACK (Not of Hispanic origin)

A person having origins in one of the black racial groups of Africa.

___ SPANISH (Hispanic)

A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures.

___ ASIAN OR PACIFIC ISLANDER

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines and Samoa.

___ AMERICAN INDIAN OR ALASKAN NATIVE

A person having origins in any of the original peoples of North America who maintains cultural identifications through tribal affiliation or community recognition.

VETERAN OR HANDICAPPED STATUS

1. HANDICAPPED: ___ YES ___ NO

If “yes” check any major disability you have:

___ Hearing impairment  ___ Visual impairment

___ Mobility impairment  ___ Mental impairment

___ Other  ___ Multiple impairment

2. Check the one item that best describes your veteran status:

___ Disabled Vietnam Era Veteran  ___ Vietnam Era Veteran

___ Disabled Veteran of other Campaign/War Era  ___ Veteran of other Campaign/War Era

___ Other Disabled Veteran  ___ Veteran of the Persian Gulf War

___ Other Veteran

3. Check the item that best describes your status as a preference relative:

___ Spouse of a disabled veteran  ___ Un-remarried surviving spouse of a veteran or disabled veteran

___ Mother of a veteran  ___ Spouse of totally (100%) disabled person

4. Do you have certification from the Dept. of Social & Rehabilitation Services for Handicapped Persons’ Employment Preference? ___ YES ___ NO

SHERIDAN COUNTY
I am an applicant for the position with Sheridan County. I am required to furnish information which this organization may use in determining my moral, physical, mental and financial qualification. In this connection, I hereby expressly authorize release of any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release Sheridan County, with which I am seeking employment and any organization, company, institution or person furnishing information to that agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

Date: _____ / _____ / ____________

______________________________
Signature

Print Full Name: _______________________________________________________

Birth Date: _____ / _____ / ________  SS# _____ / _____ / ____________

Present Address: _______________________________________________________

__________________________  _____________________  ____________
City   State   Zip