



City of Hamilton  
223 South Second Street  
Hamilton, MT 59840

## JOB APPLICATION FORM

The City of Hamilton is an Equal Opportunity Employer – The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state or federal law.

(PLEASE TYPE OR PRINT)

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

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Telephone: \_\_\_\_\_  
Home Cell

What position are you applying for? \_\_\_\_\_

### **EDUCATION:**

\_\_\_\_\_ Diploma or GED? \_\_\_\_ Yes \_\_\_\_ No  
Name of High School City, State

College, University, or Other Schools Attended:

\_\_\_\_\_  
Name of School City, State Major/Course Degree

\_\_\_\_\_  
Name of School City, State Major/Course Degree

List relevant skills, abilities, education and experience below. You may also include a list of equipment or tools that you know how to use.

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List any Professional Licenses, Registration or Certifications you have held (engineering, CPA, etc.) and whether they are current.

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**WORK EXPERIENCE:** (Begin with your most recent or current employer. Include military service if it relates to this particular position applied for and would help you qualify for the position.)

**Notice to applicants:** Previous employers may be contacted for references. ***Do you want to be informed before we contact your present employer?*** \_\_\_ Yes \_\_\_ No

**Name and Complete Address Of Employer:** \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO YR MO YR

Immediate Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

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Reason for Leaving: \_\_\_\_\_

**Name and Complete Address Of Employer:** \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO YR MO YR

Immediate Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

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Reason for Leaving: \_\_\_\_\_

**Name and Complete Address Of Employer:** \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO YR MO YR

Immediate Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

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Reason for Leaving: \_\_\_\_\_

**Name and Complete Address Of Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO YR MO YR

Immediate Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: \_\_\_\_\_

**Name and Complete Address Of Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO YR MO YR

Immediate Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe your duties in detail: (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: \_\_\_\_\_

**INITIAL HIRING PREFERENCE NOTICE:**

The City of Hamilton is a public employer. If you are entitled to a Veterans' Employment Preference or Montana Persons with Disabilities Public Employment Preference, you must claim that preference in writing before the time for filing applications for the position involved has passed. Please attach a completed State of Montana Employment Preference Form to your application if you wish to claim an initial hiring preference.

**REFERENCES:**

Name	Address	City, State, Zip Code	Phone
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Name	Address	City, State, Zip Code	Phone
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Name	Address	City, State, Zip Code	Phone
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Do you need any accommodation to participate in the application or interview process? \_\_\_\_ Yes \_\_\_\_ No

I understand and agree that all information provided by me on this Application, as well as any attachments, is subject to verification. My signature below certifies that all information on this application is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with the City of Hamilton or, if hired, may be grounds for termination at a later date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

## EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

The Montana Veterans' Public Employment Preference Act and Persons with Disabilities Public Employment Preference Act allow eligible applicants to request a hiring preference when applying for a state government position. Applying for a preference is **voluntary**, and all information related to a preference will be **kept confidential**. State agencies will only use this information during the hiring process and will maintain the information in a separate confidential file. Applicants who wish to claim an employment preference must complete and return this form along with their completed employment application. An electronic version of this form is available at <http://wsd.dli.mt.gov/service/app.asp>. Applicants requesting preference must provide the appropriate documentation along with their application to verify eligibility.

Contact the local Job Service Workforce Center for details on veterans' preference or the local Montana Vocational Rehabilitation Services Office for details on obtaining a disability preference certification.

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

- A Veteran**, if
1. you were separated under honorable conditions, **AND** you 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.
  2. You are or were 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 were 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 or her from working.
- The unremarried surviving spouse of a veteran or disabled veteran.**
- The 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 unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

- A person with a disability** certified by DPHHS, **OR**
- The spouse** of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

- |  |   |
|--|---|
| <input type="checkbox"/> DD-214 showing the character of discharge | <input type="checkbox"/> Service-connected disability letter  |
| <input type="checkbox"/> DPHHS Disability Certification            | <input type="checkbox"/> A document issued by the Office of the Adjutant General of the Montana National Guard certifying service |

**SIGNATURE** (typed or written):

**DATE SIGNED:**