



ROSEBUD COUNTY, MONTANA

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Employees of Rosebud County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, creed, religion, political affiliation, national origin, disability, marital status, sex or age.

Rosebud County encourages applications from diverse candidates and candidates who support diversity.

PLEASE READ CAREFULLY - PRINT CLEARLY OR TYPE - ANSWER ALL QUESTIONS

Name in full _____ (Last) (First) (Middle) (Telephone)

Address _____ (Mailing & Street) (City) (State & Zip) (Message Telephone)

Are you 18 years or older? Yes No

Position applying for: _____ Department: _____

List other names, if any, used on employment or education records: _____

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No

Have you ever worked for Rosebud County? Yes No Department? _____ When? _____

Position Held? _____ Reason for Leaving? _____

Do you have any relatives working for Rosebud County? Yes No _____

If yes, where? _____

Have you ever been convicted of a felony? Yes No (Conviction is not an automatic bar to employment.)
If yes, describe in full giving dates: _____

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			1	2	3	4		
High School							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College/ University							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)								

EMPLOYMENT HISTORY

(Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Give a complete record of employment.)

Most recent employment first

May we contact employer listed below? YES NO

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week _____
Supervisor's Name & Title _____	Phone No. _____	
In your own words describe your work: _____		
Reason for Leaving: _____		

May we contact employer listed below? YES NO

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week _____
Supervisor's Name & Title _____	Phone No. _____	
In your own words describe your work: _____		
Reason for Leaving: _____		

May we contact employer listed below? YES NO

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week _____
Supervisor's Name & Title _____	Phone No. _____	
In your own words describe your work: _____		
Reason for Leaving: _____		

May we contact employer listed below? YES NO

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Hours/week _____
Supervisor's Name & Title _____	Phone No. _____	
In your own words describe your work: _____		
Reason for Leaving: _____		

Please explain any periods of unemployment: _____

Add additional pages if necessary.

RESUME REQUESTED BUT NOT REQUIRED.

REFERENCES (Minimum of 3 non-family references are required.)	
1)	
Name _____	Title _____
Address _____	City _____
State _____ Zip _____	Phone _____
2)	
Name _____	Title _____
Address _____	City _____
State _____ Zip _____	Phone _____
3)	
Name _____	Title _____
Address _____	City _____
State _____ Zip _____	Phone _____

List SKILLS you believe relevant to position

MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Employment Preference Act or Persons with Disabilities Employment Preference, check the appropriate box(es) below: (Documentation will be required)

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

- A Veteran separated under honorable conditions.
- A Disabled Veteran separated under honorable conditions.
- The spouse of a disabled veteran if the veteran's disability prevents him/her from working.
- The unremarried surviving spouse of a veteran or disabled veteran.
- The mother of a veteran, if the veteran lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service-connected, permanent, and total disability.

You may claim Disabled Persons Employment Preference as (check one of the boxes below):

- A disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.
- The spouse of totally (100%) disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.

If you checked one of the above boxes for Persons with Disabilities Employment Preference Act:

Are you a Montana resident? Yes No If "YES", date residency established: _____

**CERTIFICATION and
AUTHORIZATION FOR RELEASE OF INFORMATION**
(Each application requires current date and original signature.)

I am an applicant for a position with Rosebud County. As such I am required to furnish information, which the County may use to determine my qualifications and suitability for employment.

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of employment opportunities with Rosebud County or termination of my existing employment with Rosebud County. I further understand that all information on this application is subject to verification and I consent to a criminal history / driving background checks for applicable positions.

I also consent that authorities of Rosebud County may contact my references, former employers, educational institutions or any other entities or agencies listed regarding this application. I further release said County, as well as my former employers, from any and all liability resulting from these reference checks.

Date: _____ Signature _____

We appreciate your interest in employment with Rosebud County. Please feel free to attach your resume to this application, or any other additional information which you feel will be helpful in evaluating your qualifications for the position.

Submit completed and signed application to:

Rosebud County Commissioners
1200 Main Street
PO Box 47
Forsyth, MT 59327

OFFICE USE ONLY