



City of Kalispell Employment Application

PO Box 1997 - Kalispell, MT 59903-1997 * Phone (406)758-7757 * Fax - (406)758-7758
e-mail: personnel@kalispell.com ** 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 and federal law.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. The essential job duties are included in the vacancy announcement.

Employment Preference: The Veterans Employment Preference Act and the Handicapped Persons Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. **An applicant claiming employment preference must complete an Employment Preference Form, available through your local Montana Job Service.** The applicant must indicate at the bottom of page one of this application form that the necessary documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Social and Rehabilitation Services) for details on obtaining handicapped persons certification. For more information, contact your local Job Service. **(PLEASE PRINT OR TYPE)**

Fill out application completely and sign the application (unsigned applications will not be accepted).

NOTE: The City of Kalispell requires pre-employment and random drug &/or alcohol screening for positions that are considered "Safety Sensitive" or where a Commercial Drivers License "CDL" is required.

Position(s) Applied For:	Date of Application:	Date Position Closes:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name:	First Name:	M.I.	Home	Phone Numbers	
				Work	Cell
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ___ No ___

Are you a relative of a city employee, mayor or council? Yes ___ No ___ If yes, what relationship? _____

Are you currently employed? Yes ___ No ___ May we contact your present employer? Yes ___ No ___

On what date would you be available for work? _____

Are you available to work: Full time ___ Part time ___ Seasonal ___ Temp ___

Have you been convicted of a felony within the last 7 years? Yes ___ No ___

(Conviction(s) will not necessary disqualify an applicant from employment.) If answer is yes, please explain:

My signature below certifies that all information on this and all attached pages 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 Kalispell or, if hired, may be grounds for termination at a later date. I also understand that extensive background checks may be required and employers may be contacted as references.

Signature _____ Date Signed _____

EDUCATION: You may respond to this section on a separate sheet of paper if all relevant blocks are completed and the same format is followed. On each sheet, write your name and job title for which you are applying.

High School Name & Address:

--

Received Diploma or Equivalency Certificate? Yes ____ No ____ If "No", enter highest grade completed: _____

College or University Name & Location	Dates Attended	Credits Earned	Received (BA, MA, ETC.)	Date of Degree	Major Field

Other Schools or Training Courses (Which help you qualify) Name & Location	Dates Attended	Did you complete?	Title Description of Course	Total Hours

PROFESSIONAL LICENSES, REGISTRATION & CERTIFICATIONS:(Engineering, Medical, CPA, ICBO, ICC, CDL, etc.)

Licensing Agency Name & Location	Type of License	Endorsement / Restriction (If Applicable)	Date Licensed	Date Expires

SPECIAL SKILLS: List those skills that you possess which may help in the job your applying for. (Typing, Computer Software Programs, Mechanical, etc.)

--

EQUIPMENT: List those types of equipment you can operate and specify name or model you have used that may help in the job you're applying. (e.g., computers, copy machines, forklift, chainsaw, dump truck, grader, etc.).

--

EXPERIENCE: Begin with your present or most recent job and if applicable; **list your work experience for the last ten (10) years along with last salary** with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying.

(THIS INFORMATION MUST BE COMPLETED EVEN IF A RE'SUME' IS SUBMITTED.)

Notice to applicants: Information that you provide on this application is subject to verification and extensive background checks may be undertaken. 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:

Type of Business:

--	--

Immediate Supervisor(s):

Dates of Employment (From – To)

--	--	--

Phone Number:

Average Hours Per Week:

Total Time Employed (Note Years / Months):

Full or Part Time

--	--	--	--

Describe your duties in detail (knowledge, skills, abilities, employees supervised, and accomplishments).

Reason for leaving:

Last salary or hourly wage rate:

--	--

Name & complete address of employer:

--

Job Title:

Type of Business:

--	--

Immediate Supervisor(s):

Dates of Employment (From – To)

--	--	--

Phone Number:

Average Hours Per Week:

Total Time Employed (Note Years / Months):

Full or Part Time

--	--	--	--

Describe your duties in detail (knowledge, skills, abilities, employees supervised, and accomplishments).

Reason for leaving:

Last salary or hourly wage rate:

--	--

Name & complete address of employer:

[Empty box for employer name and address]

Job Title:

Type of Business:

[Empty boxes for Job Title and Type of Business]

Immediate Supervisor(s):

Dates of Employment (From – To)

[Empty boxes for Immediate Supervisor(s) and Dates of Employment]

Phone Number:

Average Hours Per Week:

Total Time Employed (Note Years / Months):

Full or Part Time

[Empty boxes for Phone Number, Average Hours Per Week, Total Time Employed, and Full or Part Time]

Describe your duties in detail (knowledge, skills, abilities, employees supervised, and accomplishments).

[Large empty box for describing duties]

Reason for leaving:

Last salary or hourly wage rate:

[Empty boxes for Reason for leaving and Last salary or hourly wage rate]

PERSONAL & PROFESSIONAL REFERENCES:

Name: Address (City, State, Zip): Phone: Relationship Personal Professional

[Empty row for reference 1]

[Empty row for reference 2]

[Empty row for reference 3]

[Empty row for reference 4]

[Empty row for reference 5]

[Empty row for reference 6]

Have you ever worked for or applied for a position with the City of Kalispell? ___ Yes ___ No If yes, please explain and give dates.

[Empty lines for explanation]

If applying for a specific position, how did you hear about it? City Website/Internet: ___ Local newspaper: ___

Job Service: ___ In-person: ___ Friend/Relative: ___ Other: ___

NOTE: NORMALLY, DUE TO HIGH VOLUMES OF APPLICATIONS, ONLY THOSE CANDIDATES SELECTED FOR INTERVIEWS WILL BE NOTIFIED.

Mail or hand deliver completed application to: City of Kalispell
Attn: Human Resource Director
PO Box 1997
201 1st Avenue East
Kalispell, MT 59903-1997