



# City of Kalispell

201 1<sup>st</sup> Ave E. P.O. Box 1997  
Kalispell, Montana 59903-1997  
(406) 758-7757 Fax (406) 758-7758

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 check that they're requesting a preference as defined and attach the necessary documentation.** For more information, contact your local Job Service.

**I am requesting an Employment Preference as defined above and attached the appropriate documentation.**

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

**PLEASE PRINT OR TYPE and FILL OUT APPLICATION COMPLETELY AND SIGN.  
(Unsigned or incomplete applications will not be accepted!).**

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.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Numbers (Include Area Code):	Work:	Cell:
Home:	<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:
<input type="text"/>

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

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 Temporary

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:

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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 you're applying for. (Typing, Computer Software Programs, Mechanical, etc.)

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**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.).

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**EXPERIENCE:** Begin with your present or most recent job and if applicable; list your work experience for the last fifteen (15) 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.

**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:

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Job Title:

Type of Business:

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Immediate Supervisor(s):

Dates of Employment (From – To)

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Phone Number:

Average Hours Per Week:

Total Time Employed (Note Years / Months):

Full or Part Time

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

Reason for leaving:

Last salary or hourly wage rate:

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Name & complete address of employer:

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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

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

Reason for leaving:

Last salary or hourly wage rate:

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Name & complete address of employer:

[Empty text box for employer name and address]

Job Title:

Type of Business:

[Empty text boxes for Job Title and Type of Business]

Immediate Supervisor(s):

Dates of Employment (From – To)

[Empty text 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 text 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 text box for describing duties]

Reason for leaving:

Last salary or hourly wage rate:

[Empty text 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 entry]

[Empty row for reference entry]

[Empty row for reference entry]

[Empty row for reference entry]

[Empty row for reference entry]

[Empty row for reference entry]

Have you ever worked for or applied for a position with the City of Kalispell?

Yes

No

If yes, please explain and give dates and position(s) applied or worked:

[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:

[Empty line for Other]

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

Mail, hand deliver or fax completed application to:

**City of Kalispell  
Attn: Human Resource Director  
201 1<sup>st</sup> Avenue East  
PO Box 1997  
Kalispell, MT 59903-1997  
Fax (406) 758-7758**



**City of Kalispell**  
 201 1<sup>st</sup> Ave E. P.O. Box 1997  
 Kalispell, Montana 59903-1997  
 (406) 758-7700 Fax (406) 758-7758

**EEOC VOLUNTARY SELF-IDENTIFICATION**

The Montana Human Rights Act requires the City of Kalispell to make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed. This Survey will be separated from your Application. The survey information will be kept confidential, used only for statistical reports and other lawful purposes. The information you and others provide will be used to monitor the City's recruitment and selection practices. This form is optional: failure to complete this form will have no impact on any employment decision.

<b>Date:</b>	<b>Job applied for:</b>
<b>Name:</b>	<b>Mailing Address:</b>
<b>City/State/Zip:</b>	<b>Phone #:</b>

**(Please check your appropriate gender, ethnic group, veteran or disability)**

**GENDER:**      Male      Female

**RACE/ETHNICITY:**

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin 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 Islands, 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.

**VETERAN STATUS (Check any that apply):**

Disabled Veteran

Other Protected Veteran

Three (3) – Year Recently Separated Veteran (Enter Discharge/Release Date): \_\_\_\_\_

Armed Forces Service Medal Veteran

**DISABILITY:** A “disabled individual” means any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such impairment. (**Check yes, if applicable:**)

YES, I have as disability as defined above.

**REFERRAL SOURCE:** – How did you first learn of this position?

- Newspaper ad      Job Service office/website      City of Kalispell website      College ad      Career/Job Fair  
 Referral from someone      Other

**Please return this form to City of Kalispell Human Resources Department.**  
**201 1st Ave E. P.O. Box 1997 Kalispell, Montana 59903-1997**