

# CITY OF TROY APPLICATION

- ✓ Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- ✓ Do you need an accommodation to participate in the application or interview process?  Yes  No

Employer \_\_\_\_\_ Job Order # \_\_\_\_\_  
Job Title \_\_\_\_\_

## PERSONAL DATA

Name \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) - \_\_\_\_\_ Message Phone ( ) - \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Driver's License: Operator  CDL  CDL Type \_\_\_\_\_ Endorsements \_\_\_\_\_  
Are you a Veteran of Military Service  Yes  No

## EDUCATION

High School Diploma or GED?  Yes  No Post Secondary Degree?  AA  BA  MA  Ph.D.  
Name of school beyond High School \_\_\_\_\_  
Training Length \_\_\_\_\_ Date Completed \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_

## WORK EXPERIENCE (List most recent work experience first)

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Street / P.O. Box City State Zip Code  
Job Title \_\_\_\_\_ Phone ( ) - \_\_\_\_\_  
Job Description (duties, skills, equipment used) \_\_\_\_\_

Dates: From (mm/yy) \_\_\_\_ / \_\_\_\_ To (mm/yy) \_\_\_\_ / \_\_\_\_ Reason for leaving \_\_\_\_\_

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Complete Address \_\_\_\_\_  
Street / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

Dates: From (mm/yy) \_\_\_\_ / \_\_\_\_ To (mm/yy) \_\_\_\_ / \_\_\_\_ Reason for leaving \_\_\_\_\_

**WORK EXPERIENCE**

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address \_\_\_\_\_  
Street / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

Dates: From (mm/yy) \_\_\_\_ / \_\_\_\_ To (mm/yy) \_\_\_\_ / \_\_\_\_ Reason for leaving \_\_\_\_\_

**ADDITIONAL INFORMATION**

Volunteer Work \_\_\_\_\_

Licenses, Certificates, special skills, etc. \_\_\_\_\_

**LIST REFERENCES (preferably persons who know about your work/training)**

Name	Address	Phone Number
_____	_____	( ) _____ - _____
_____	_____	( ) _____ - _____
_____	_____	( ) _____ - _____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?  Yes  No

With my signature below (typed or written), I certify 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. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Applicant 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 and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

*This applicant survey will be separated from your application.* The survey information will be kept confidential, used only for computerized 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.

Because this sheet is separated from your application, please give us your name, address and phone number again. To prevent duplicate records, please answer the following questions. Thank you for your cooperation.

Name \_\_\_\_\_  
                                 First                                Middle                                Last

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Phone Numbers (such as business, cellular) – Indicate **type** of phone.  
     Type \_\_\_\_\_ Phone No. \_\_\_\_\_ Type \_\_\_\_\_ Phone No. \_\_\_\_\_

**Job Applied For: Job Title** \_\_\_\_\_ **Date** \_\_\_\_\_

                                Location \_\_\_\_\_

### REFERRAL SOURCE - How did you **FIRST** learn of this position?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Newspaper Ad    | <input type="checkbox"/> Job Service Posting                      | <input type="checkbox"/> Internet Listing |
| <input type="checkbox"/> Career/Job Fair | <input type="checkbox"/> Tribal Employment Rights Office Referral |   |
| <input type="checkbox"/> Friend          | <input type="checkbox"/> Walk-In                                  | <input type="checkbox"/> Other            |

FEMALE     MALE

**ARE YOU OF HISPANIC OR LATINO ORIGIN?** YES  NO  (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

### ***SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES:***

**RACE / ETHNIC IDENTIFICATION** – Please select one or more of the following racial categories.

- AMERICAN INDIAN or ALASKAN NATIVE** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment)
- ASIAN** (A person having origin 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)
- AFRICAN AMERICAN / BLACK** (A person having origins in any of the black racial groups of Africa)
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- WHITE** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**MILITARY STATUS** – Please check the one box that best describes your military status.

- No Military Service     Active Reserve     Inactive Reserve     Retired     Vietnam Veteran  
 Other Veteran             Disabled Veteran

# ***Employment Information***

**EQUAL EMPLOYMENT OPPORTUNITY** – We are an equal employment opportunity employer; we do not discriminate in employment based upon race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation or political beliefs; and implements and maintains an effective equal employment opportunity program.

**APPLICATION AND SELECTION PROCESS** – The process used to evaluate an applicant's qualifications may include an evaluation of the Employment Application, an interview and reference or background checks.

**REASONABLE ACCOMMODATIONS** – 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. If an accommodation is needed to participate in any selection process, make arrangements well in advance of the process. A description of the selection process and the essential job duties is included in the job announcement.

**EMPLOYMENT PREFERENCE** – The Veteran's Public Employment Preference Act and the Persons with Disabilities Public Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming preference must complete an Employment Preference Form, PD-25A, available through your local Montana Job Service Workforce Center or see the website at <http://wsd.dli.mt.gov/>. You must also provide the appropriate documentation of eligibility with the application. The required documentation may include a DD-214; a document issued by the Office of the Adjutant General of the Montana National Guard certifying service; or a PHHS Certifications of Disability form. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service Workforce Center.

**IMMIGRATION REFORM AND CONTROL ACT** – In accordance with the Immigration Reform and Control Act, the person selected must produce within three days of hire, documentation that he or she is authorized to work in the United States. Examples of such documentation include a birth certificate or social security card along with a driver's license or other picture I.D., a United States Passport, Certificate of Naturalization, a Permanent Resident Card, and Alien Registration Receipt Card (Green Card) or a Resident Alien Card.

**MONTANA COMPLIANCE WITH MILITARY SELECTIVE SERVICE ACT** – In accordance with the Montana Compliance with Military Selective Service Act, men selected for employment must produce documentation showing compliance with the federal Military Selective Service Act. Examples of this documentation include a registration card issued by Selective Service, a letter from Selective Service showing a man was not required to register, or information showing by a preponderance of evidence that a man's failure to register with Selective Service was not done knowingly or willfully.

## EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities 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:**

