

APPLICATION FOR EMPLOYMENT

SEASONAL APPLICATION

CITY OF SCOBEY
PO Box 68
708 1st Ave West
Scobey MT 59263
Tel 487-5581 Fax 487-5541

Use tab key to move through fields

Notice To Applicants

It is the policy of the City of Scobey to consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the City of Scobey.

Position Applied for: _____ **Department:** _____

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Name: _____ Social Security Number: _____
LAST FIRST MIDDLE INITIAL

Present Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Home Phone: () _____

Dates Available for Hire: From _____ to _____

Do you have a relative working for the City of Scobey? Yes No

If yes, what is their name? _____ What relation? _____

What Department do they work in? _____

Have you worked for the City of Scobey before? Yes No

If yes, please give dates and department: Position: _____

Department: _____ From: _____ to _____

Reason for leaving: _____

E D U C A T I O N		Name/Location	Major Course of Study	Degree or Certificate
	High School			
	College/University			
	Vocational/Business			

SPECIAL SKILLS: Please describe your skills with hand and power tools, office machines, calculators, copying machines, work processors, computers, computer software, typing and shorthand speed, and proficiency, special secretarial skills, or skills required for the position applied for.

EMPLOYMENT HISTORY

CURRENT EMPLOYER: _____

ADDRESS: _____

Date employed: From _____ To _____

Position: _____ Salary _____

Describe work performed: _____

Reason for Leaving: _____

PAST EMPLOYER: _____

ADDRESS: _____

Date employed: From _____ To _____

Position: _____ Salary _____

Describe work performed: _____

Reason for Leaving: _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Scobey, I am required to furnish information, which this agency may use in determining my qualifications. In this connection, I hereby expressly authorize release of any and all information, which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge. I understand also, that I am required to abide by all rules, regulations and policies of the employer.

Applicant Signature: _____ Date: _____