



# CITY OF HELENA

## Seasonal Application for Employment

### Notice To Applicants

It is the policy of the City of Helena 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 Helena.

**Position Applying for:** \_\_\_\_\_ **Department:** \_\_\_\_\_

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### GENERAL INFORMATION:

Dates Available for Hire: From \_\_\_\_\_ to \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, describe: \_\_\_\_\_

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

If yes, please give positions, dates, departments & reasons for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, what is their name? \_\_\_\_\_ What relation? \_\_\_\_\_

What Department do they work in? \_\_\_\_\_

### EDUCATION:

1. High School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate?:

Yes  No  No, but have equivalent

2. College/Trade School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate?:

Yes  No: yrs completed: \_\_\_\_\_

Major(s): \_\_\_\_\_ Degree if completed: \_\_\_\_\_

3. College/Trade School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate?:

Yes  No: yrs completed: \_\_\_\_\_

Major(s): \_\_\_\_\_ Degree if completed: \_\_\_\_\_

### REFERENCE (preferably work related):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Company: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Company: \_\_\_\_\_

**EMPLOYMENT HISTORY (Please list last 3 positions starting with the most recent. If you have more that are applicable to the position you are applying for, list them on a resume):**

Start date (MM/YY): \_\_\_\_\_ End date (MM/YY): \_\_\_\_\_ Full or Part time: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Ending pay rate: \_\_\_\_\_

Describe work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact?:  Yes  No

Start date (MM/YY): \_\_\_\_\_ End date (MM/YY): \_\_\_\_\_ Full or Part time: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Ending pay rate: \_\_\_\_\_

Describe work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact?:  Yes  No

Start date (MM/YY): \_\_\_\_\_ End date (MM/YY): \_\_\_\_\_ Full or Part time: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Ending pay rate: \_\_\_\_\_

Describe work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact?:  Yes  No

**SPECIAL SKILLS, CERTIFICATIONS & LICENSES (List any you may have such as Tools, equipment, software, CPR, Lifeguarding, Professional certifications, CDL, etc. that are applicable to this job):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Authorization to Release Driving Record and/or Criminal History

This information is required if the position you are applying for works with children, around money, or includes driving a City vehicle during the course of work.

Print Full Legal Name: \_\_\_\_\_

A.K.A.'s (also known as): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State issued if not Montana: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Helena, 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 expressly authorize release of driving record and/or criminal history information. 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.

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application whether on this document or not, is true and complete. I understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that I will be required to sign an authorization to release information if I am considered for employment.

I understand that, if employed by the City of Helena, I will be required to provide proof of my identity and the legal right to work in the United States within 3 business days of the date employment begins, to verify my employability in compliance with Federal Law.

If offered employment with the City of Helena, I understand that I must comply with all of the City's policies, rules and procedures.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FOR DEPARTMENT USE ONLY:</b> <input type="checkbox"/> None required <input type="checkbox"/> Criminal History (CH) <input type="checkbox"/> Driving Record (DR) Return to: _____ <input type="checkbox"/> Urgent, please contact asap: # or e-mail: _____	<b>HR USE ONLY:</b> <input type="checkbox"/> CH Clean <input type="checkbox"/> CH – See attached <input type="checkbox"/> Driving Clean <input type="checkbox"/> Driving Attached Initials: _____
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