



City of Miles City Employment Application

- ✓ Please complete this application by typing or printing in ink. **INCOMPLETE** 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, disability, or political belief
- ✓ Do you need an accommodation to participate in the application or interview process? ___Yes ___No_

Job #: _____ Job Title: _____

Personal Data

Name: _____ E-Mail Address: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Message Phone: _____

Driver's License Type: Operator ___ CDL Classification ___ Endorsements: _____

Education

High School Diploma or Equivalent ___ Yes ___ No Post Secondary Degree? _____

Name of school beyond High School: _____

Training Length: _____ Date Completed: _____

Major: _____ Minor: _____

Apprenticeship Level: _____ In which trade? _____

Work Experience (list most recent work experience first)

Company Name: _____ Immediate Supervisor: _____

Complete Address: _____

Job Title: _____ Phone: _____

Job Description: (duties, skills, equipment used) _____

Dates: From _____ To _____ Reason for leaving: _____

Work Experience

Company Name: _____ Immediate Supervisor: _____

Complete Address: _____

Job Title: _____ Phone: _____

Job Description: (duties, skills, equipment used)

Dates: From _____ To _____ Reason for leaving: _____

Work Experience

Company Name: _____ Immediate Supervisor: _____

Complete Address: _____

Job Title: _____ Phone: _____

Job Description: (duties, skills, equipment used)

Dates: From _____ To _____ Reason for leaving: _____

Work Experience

Company Name: _____ Immediate Supervisor: _____

Complete Address: _____

Job Title: _____ Phone: _____

Job Description: (duties, skills, equipment used)

Dates: From _____ To _____ Reason for leaving: _____

Additional information that could help you qualify for this position

Examples include: Classes (include dates), certificates, current licenses, specific equipment and other skills.

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: _____