



CITY OF MILES CITY

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the State of Montana to “make and keep records relevant to the determinations of whether unlawful employment practices have been or being committed”. This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and person with disabiities. The following survey helps to fulfill these requirements.

This applicant survey will be seperated from your application. The City of Miles City is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Position Closing Date: _____

Male Female Are you 18 years or older? Yes No

Name: _____

Job Applied For: _____ Department: _____

How did you first learn of this position?

Newspaper ad or journal ad Telephone Job Line Career/Job Fair
 Job Service A friend/employee Posted at City Hall
 Female, minority, or handicapped referral organizaton Other (specify):

RACE/ETHNICITY – Please check the ONE box that best describes your race/ethnicity:

Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origins 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 American

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa

Native Hawiian or Other Pacific Islander (Not Hispanic Or Latino) - A person having origins in any of the 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

MILITARY STATUS – Please check the ONE box that best describes your military status:

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

DISABLED VETERAN

DISABLED PERSONS’ EMPLOYMENT PREFERENCE



CITY OF MILES CITY

EMPLOYMENT PREFERENCE FORM

Name: _____ Position Applied for: _____

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 City of Miles City 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 disabled, **OR** you are 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.**
 - DD-214 showing the character of discharge
 - DPHHS Disability Certification
 - A document issued by the Office of the Adjutant General of the Montana National Guard certifying service
 - Service-connected disability letter

SIGNATURE (typed or written): _____ **DATE SIGNED:** _____