

## 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

•	modation to participate in the					
Job #:	Job Title:					
Personal Data						
Name:		E-Mail	Address:			
Present Address:		City:		State:	Zip:	
Phone:	Mess	sage Phone	<u>:</u>			
Driver's License Type: Opera	torCDL Classification	_ Endorsen	nents:			
Education						
High School Diploma or Equiv	alent Yes	No	Post Secon	ndary Degree?_		
Name of school beyond High S	school:					
Training Length:	Date Completed:					
Major:		Minor:				
Apprenticeship Level:	In which trade?					
Work Experience (list m	ost recent work experi	ence firs	t)			
Company Name:	Immediate Supervisor:					
Complete Address:						
Job Title:	Phone:					
Job Description: (duties, skills,	equipment used)					
Dates: FromTo	Reason for le	eaving:				
Work Experience						
Company Name:		Immedi	ate Supervisor:			
Complete Address:						
Job Title:		Phone:				

Job Description: (duties, skills, equipment used)					
Dates: From	To Reason for leaving:				
Work Experience					
Company Name:	Immediate Supervisor:				
_	Phone:				
	s, skills, equipment used)				
oo Description. (dutie	, skins, equipment used)				
Dates: From	To Reason for leaving:				
Work Experience					
Company Name:	Immediate Supervisor:				
Complete Address:					
	Phone:				
	s, skills, equipment used)				
oo Description. (dutte	, same, equipment used)				

Dates: From	To	Reason for leaving:	
Additional inf	Cormation that co	uld help you qualify for this	position
Examples include	: Classes (include date	es), certificates, current licenses, spe	ecific equipment and other skills.
List Reference	es (preferably per	rsons who know about your v	work/training)
Name	Ado	dress	Phone Number
disqualify you from	m consideration for en		on. Falsifications or misrepresentations may ds for termination at a later date. Do you want to beNo
complete to the beemployers to release	est of my knowledge a	and contains no willful falsifications ation they may have about me and I r	a this and all attached pages is true, correct and or misrepresentations. I authorize all former release all persons or companies from any liability or
Signature:		Date:	