

**District 7 Human Resources Development Council**

Big Horn, Carbon, Stillwater, Sweet Grass and Yellowstone Counties of Montana

7 North 31st Street, PO Box 2016, Billings, MT 59103

www.hrdc7.org office (406) 247-4732 fax (406) 248-2943



# APPLICATION FOR EMPLOYMENT

**-AN EQUAL OPPORTUNITY EMPLOYER-**

The information on this form is sought in good faith in accordance with State and Federal laws. This information will not be used to discriminate against any applicant. Failure to provide all requested information may disqualify your application from consideration.

**Application must be completed in full even if attaching a resume.**

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Last Name	First Name	M.I.	E-mail Address
Street Address			Home Phone
City	State	Zip Code	Cell Phone

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**Date Available For Employment:** \_\_\_\_\_

**I Am Available For:**

- Full-time Work
- Part-time Work
- Temporary Work

**Minimum Acceptable Salary:** \_\_\_\_\_

**Job Titles You Are Applying For:**

**I Am Willing to Travel:**

- Not At All
- 1-5 Days/Month
- 6 Plus Days/Month

\_\_\_\_\_ Job Title

\_\_\_\_\_ Job Title

**During the last seven years, have you ever been convicted of a felony?\*** Yes No

\* A "yes" answer will not automatically disqualify you from employment. Rather, such factors such as age and date of conviction, seriousness and nature of the crime as it related to specific occupational categories and rehabilitation will be considered.

**If yes, please explain:**

Education Level	School Name And Location	Did You Graduate?	Credits Earned	Courses Of Study
High School				
College or University				
Other				

# EMPLOYMENT HISTORY

LIST CURRENT OR MOST RECENT EMPLOYER FIRST

Company Name	Address & Phone	Dates Employed	Salary	Job Title Supervisor Name
		From:	Beginning:	Job Title:
		To:	Ending:	Supervisor
Duties and Responsibilities:				
Reason for Leaving:				

Company Name	Address & Phone	Dates Employed	Salary	Job Title Supervisor Name
		From:	Beginning:	Job Title:
		To:	Ending:	Supervisor
Duties and Responsibilities:				
Reason for Leaving:				

Company Name	Address & Phone	Dates Employed	Salary	Job Title Supervisor Name
		From:	Beginning:	Job Title:
		To:	Ending:	Supervisor
Duties and Responsibilities:				
Reason for Leaving:				

List all knowledge, professional licenses and/or certifications, skills, and abilities that relate to the job you are applying for:

Professional References: Give three references who are not relatives or former employers.

Name	Address	Phone number
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**HRDC's Mission:**

To empower people in need through mobilizing and developing community resources by creating opportunities for success in Big Horn, Carbon, Stillwater, Sweet Grass and Yellowstone counties.

**HRDC's Vision:**

At HRDC, we envision a world in which individuals don't have to choose between heating their homes or feeding their families, where jobs pay a living wage and homes are affordable, where children receive early learning to promote healthy development, and all community members are provided equal opportunity, free from economic barriers, to achieve their full human potential.

**HRDC's Values:**

- HRDC's services will address significant community needs within our mission area; the community will be critical to assisting in that determination process.
- The services provided by HRDC will not only have excellent outcomes, but be delivered in a "best practices" manner.
- HRDC will significantly change relationships, behaviors and environments in our service area.
- HRDC will be an integral part of all communities it serves.
- HRDC believes clients and other agencies are partners in the change process.
- HRDC will do no harm to the clients or communities it serves.
- Decisions and behaviors will occur within a context of positive values.

**Describe how HRDC's Mission, Vision and Values fit with your belief system.**

**How can you best serve HRDC's mission through the position you are applying for?**

**In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.**

By checking this box, I acknowledge that falsification or misrepresentation of information may disqualify me from employment. I certify that I am the individual that I claim to be and that all information provided is true and accurate to the best of my knowledge. I also authorize all former employers to release job related information to District 7 HRDC. I release all persons or companies from any liability or responsibility for providing such information. I have read the job description and am able to perform the essential functions of the position with or without accommodation.

**If printing, please sign your name below:**

**Date**

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**~Voluntary Applicant Data Information~**

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated. Please be advised that this is a voluntary survey and *not* a part of your official application for employment. This information is considered confidential and will be used only for statistical reports and other lawful uses. We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other legally protected status.

**Position(s) applied for:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Referral Source:**

- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Acquaintance | <input type="checkbox"/> Job Service         | <input type="checkbox"/> School       |
| <input type="checkbox"/> Employee     | <input type="checkbox"/> Newspaper           | <input type="checkbox"/> Walk-in      |
| <input type="checkbox"/> HRDC Website | <input type="checkbox"/> Posted Announcement | <input type="checkbox"/> Other: _____ |

**Applicant Information:**

**Name:** \_\_\_\_\_  
Last First M.I. Phone

**Address:** \_\_\_\_\_  
Street City State Zip Code

Female  Male

Race/Ethnic Identification - Please Check All That Apply:

**Are you of Hispanic or Latino origin?** Yes  No  (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

**American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

**Asian** (A person having origin 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.)

**Black or African American** (A person having origins in any of the black racial groups of Africa.)

**Native Hawaiian or other Pacific Islander** (A person having origins in the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

**White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

**Military Status:**

Vietnam Veteran       Other Veteran       Disabled Veteran