



**STATE OF MONTANA
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

For State Use

PD-25 (Rev.5/01)

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law.

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On **each** sheet write your name and job title you are applying for. You may submit a legible photocopied, emailed or faxed application by the closing date. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date each application you submit. **LATE, INCOMPLETE OR UNSIGNED applications will not be considered.**

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted;(b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of applications (see <http://jsd.dli.state.mt.us/state.htm>). An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. A description of the selection process and the essential job duties is included in the vacancy announcement.

<p>1.</p> <p>Name</p> <p style="padding-left: 40px;">Last First M.I.</p> <p>Social Security Number</p> <p>Mailing Address</p> <p style="padding-left: 100px;">Street or PO Box</p> <p style="padding-left: 40px;">City State Zip Code</p> <p>Email address</p> <p>Phone No. () ()</p> <p style="padding-left: 40px;">Work Home</p>	<p>2. What position are you applying for? (See Job Vacancy Announcement.)</p> <p>Department</p> <p>Division</p> <p>Position Title</p> <p>Position Number</p> <p>Job Location</p> <p>Will you accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary</p> <p>Dates Available</p>
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3. My signature below (typed or written) certifies that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment with the State of Montana or, if hired, may be grounds for termination at a later date. Employers may be contacted as references.

SIGNATURE: _____ **DATE SIGNED:** _____

Employment Preference: The **Veterans' Employment Preference Act** and the **Persons with Disabilities Public Employment Preference Act** provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an **Employment Preference Form, PD-25A**, available through your local Montana Job Service or <http://jsd.dli.state.mt.us/state.htm>. You must provide verification of eligibility with the application. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service.

4. EDUCATION: You may respond to this section on a separate sheet of paper if all relevant blocks are completed and the same format is followed. On each sheet write your name and the job title you are applying for.

High School Name and Address:

Received Diploma or Equivalency Certificate? ___Yes ___No If "No," enter highest grade completed _____.

College, University and Other Schools Name and Location	Dates Attended Month/Year	Degree/ Certificate Received	Degree/ Certificate Date	Major/ Minor Field	Credits Earned - Indicate Quarter or Semester Credits

Training Courses Name and Location	Dates Attended Month/Year	Did you Complete?	Title/Description of Course	Total Hours

5. List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

6. List other skills, education, experience and qualifications below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

This information must be completed even if a resume is submitted.

7. EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. **Begin with your present or most recent experience.** Include military service that would help you qualify. **List each promotion as a separate position.** Use Additional Employment Experience forms (PD-30) as necessary. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title you are applying for.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. **Do you want to be informed before we contact your present employer?** Yes No

Name & Complete Address of Employer	
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Your Job Title	Dates Employed _____ / _____ to _____ / _____ <small>Month Year Month Year</small>
Type of Business	Avg. Hrs. Per Week _____ Total Time Employed _____ / _____ <small>Years Months</small>
Immediate Supervisor(s) () Phone No.	___ Full-time ___ Part-time ___ Volunteer

Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete Address of Employer	
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Your Job Title	Dates Employed _____ / _____ to _____ / _____ <small>Month Year Month Year</small>
Type of Business	Avg. Hrs. Per Week _____ Total Time Employed _____ / _____ <small>Years Months</small>
Immediate Supervisor(s) () Phone No.	___ Full-time ___ Part-time ___ Volunteer

Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

EXPERIENCE CONTINUED ON NEXT PAGE

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 are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in state government.

The State of Montana has a Human Resource System that automates recruitment information. One function gives us the ability to generate letters to applicants more efficiently. Because this sheet is separated from your application, please give us your name, address and social security number again. Thank you for your cooperation.

9. Name _____ Social Security No. _____
 Mailing Address _____ City/State/Zip _____
 Home Phone No. _____ Other Phone Numbers (such as business, cellular) - indicate **type** of phone.
 Type _____ Phone No. _____ Type _____ Phone No. _____
Job Applied For: Department _____ Job Title _____
 Position No. _____ Closing Date Location _____

10. (M) Male (F) Female 11. Age 18 or Older - Please leave blank if under the age of 18.

12. **HIGHEST EDUCATION LEVEL** - Please check the **one** box that best describes your highest education level.

Less than High School Some College Some Graduate Post-Doctorate
 High School Graduate 2 years of College Master-s Doctorate
 Technical School Bachelor-s Doctorate

13. **REFERRAL SOURCE** - How did you **FIRST** learn of this position?

Newspaper ad Agency Contact (specify below) Job Service Posting
 Internet Listing Phone Inquiry T.E.R.O. Referral
 Career/Job Fair Written Inquiry Another Referral Organization Posting
 College Recruitment Posted in Agency building State Employee/Former State
Employee Referral Open House Walk-In Other

14. **ETHNIC GROUP** - Please check the **one** box that best describes your ethnicity:

AMERICAN INDIAN or ALASKAN NATIVE - A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.
 ASIAN or PACIFIC ISLANDER - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines, and Samoa.
 BLACK (Not of Hispanic origin) - A person having origins in one of the black racial groups of Africa.
 SPANISH (Hispanic) - A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of race.
 WHITE (Not of Hispanic origin) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

15. **DISABLED VETERAN**

16. **MILITARY SERVICE** - Please check the one box that best describes your military status.

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

-- READ CAREFULLY --

-- Do Not Write On This Page --

Please make sure all required information is included (see job vacancy announcement).

1. Did you sign and date your application (page 1)?
2. Have you read the vacancy announcement to see what attachments must be submitted?
3. Have you checked boxes in Section 3 (page 1) to indicate what attachments you have included?
4. Did you indicate the specific Position Title and Position Number in Sections 2 (page 1) and 9 (page 5)?
5. Did you include a complete address for each employer listed in Section 7 (pages 3 and 4)?
6. If you are claiming Veterans' Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation (see information on page 1)?
7. Did you attach all the application materials required by the vacancy announcement?