



# METRAPARK - APPLICATION FOR TEMPORARY EMPLOYMENT YELLOWSTONE COUNTY, MONTANA

## AN EQUAL OPPORTUNITY EMPLOYER

Employees of Yellowstone County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, creed, religion, political affiliation, national origin, disability, marital status, sex or age. Based on the duties of some positions minimum age requirements may apply.

PLEASE READ CAREFULLY      - PRINT CLEARLY OR TYPE-      ANSWER ALL QUESTIONS

Name in full \_\_\_\_\_  

(Last)
(First)
(Middle)
(Telephone)

Address \_\_\_\_\_  

(Number & Street)
(City)
(State & Zip)
(Message Telephone)

Are you 16 years or older?      ( ) Yes      ( ) No      Social Security Number: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Department: METRAPARK – TEMPORARY WORKER

List other names, if any, used on employment or education records: \_\_\_\_\_

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?      ( ) Yes      ( ) No

Are you Bondable?      ( ) Yes      ( ) No

Have you ever worked for Yellowstone County? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Position Held? \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Do you have any relatives working for Yellowstone County? \_\_\_\_\_  
 If yes, where? \_\_\_\_\_

Have you ever been convicted of a felony?      ( ) Yes      ( ) No      (Conviction is not an automatic bar to employment.)  
 If yes, describe in full giving dates: \_\_\_\_\_

### EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			1	2	3	4		
High School							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College/ University							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)								

## EMPLOYMENT HISTORY

(Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Give a complete record of employment.)

Most recent employment first

May we contact employer listed below? YES ( ) NO ( )

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____	
Employer _____	Phone: _____		
Address _____	City _____	State: _____	Zip: _____
Salary _____	Full Time ( )	Part Time ( )	Hours/week _____
Supervisor's Name & Title _____		Phone No. _____	
In your own words describe your work: _____			
Reason for Leaving: _____			

May we contact employer listed below? YES ( ) NO ( )

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____	
Employer _____	Phone: _____		
Address _____	City _____	State: _____	Zip: _____
Salary _____	Full Time ( )	Part Time ( )	Hours/week _____
Supervisor's Name & Title _____		Phone No. _____	
In your own words describe your work: _____			
Reason for Leaving: _____			

May we contact employer listed below? YES ( ) NO ( )

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____	
Employer _____	Phone: _____		
Address _____	City _____	State: _____	Zip: _____
Salary _____	Full Time ( )	Part Time ( )	Hours/week _____
Supervisor's Name & Title _____		Phone No. _____	
In your own words describe your work: _____			
Reason for Leaving: _____			

May we contact employer listed below? YES ( ) NO ( )

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time ( )	Part Time ( ) Hours/week _____
Supervisor's Name & Title _____		Phone No. _____
In your own words describe your work: _____		
Reason for Leaving: _____		

Please explain any periods of unemployment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add additional pages if necessary.

**REFERENCES**  
(Minimum of 3 references are required.)

1)  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

2)  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3)  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever worked for MetraPark or Montana Fair?  No  Yes When: \_\_\_\_\_

**AVAILABILITY:**

Hours Available	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From							
To							

## MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Employment Preference Act or Handicapped Persons' Employment Preference Act, complete the following (documentation will be required):

**To claim Veterans' Employment Preference you must be a U.S. citizen and (check one of the boxes below):**

- A Veteran separated under honorable conditions.
- A Disabled Veteran separated under honorable conditions.
- The spouse of a disabled veteran if the veteran's disability prevents him/her from working.
- The unremarried surviving spouse of a veteran or disabled veteran.
- The mother of a veteran, if the veteran lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service-connected, permanent, and total disability.

**You may claim Handicapped Persons' Employment Preference as (check on of the boxes below):**

- A handicapped person certified by SRS.
- The spouse of totally (100%) disabled person certified by SRS.

**If you checked one of the above boxes for Handicapped Persons' Employment Preference Act:**

**Are you a Montana resident?**  Yes  No If "YES", date residency established: \_\_\_\_\_

**CERTIFICATION and  
AUTHORIZATION FOR RELEASE OF INFORMATION**  
(Each application requires current date and original signature.)

I am an applicant for a position with Yellowstone County. As such I am required to furnish information, which the County may use to determine my qualifications and suitability for employment.

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any consideration or employment with Yellowstone County. I further understand that all information on this application is subject to verification and I consent to a criminal history / driving background checks for applicable positions.

I also consent that authorities of Yellowstone County may contact my references, former employers, educational institutions or any other entities or agencies listed regarding this application. I further release said County, as well as my former employers, from any and all liability resulting from these reference checks.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

We appreciate your interest in employment with Yellowstone County. Please feel free to attach your resume to this application, or any other additional information which you feel will be helpful in evaluating your qualifications for the position.

**Submit completed and signed application to:**

MetraPark  
308 - 6<sup>th</sup> Avenue North  
Billings, MT 59101

MetraPark  
PO Box 2514  
Billings, MT 59103

**METRAPARK OFFICE USE ONLY**

# Applicant Survey

Completion of this Applicant Survey is on a voluntary basis and will not affect your eligibility for employment.

Title VII of the U.S. Civil Rights Act requires Yellowstone County 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. 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 county government.

Position Title: \_\_\_\_\_

Name: \_\_\_\_\_

How did you **first** learn of this position?

- |   |  |
|---|--|
| <input type="checkbox"/> Newspaper                          | <input type="checkbox"/> A County employee                           |
| <input type="checkbox"/> Montana Job Service                | <input type="checkbox"/> Posted in a County office or bulletin board |
| <input type="checkbox"/> A referral/assistance organization | <input type="checkbox"/> Internet                                    |
| <input type="checkbox"/> Other (specify) _____              |  |

Date of Birth (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Male             Female

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

- WHITE** (Non-Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK or AFRICAN AMERICAN** (Non-Hispanic or Latino) - A person having origins in one of the black racial groups of Africa.
- HISPANIC or LATINO** – A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of race.
- ASIAN** (Non-Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand and Vietnam.
- AMERICAN INDIAN or ALASKAN NATIVE** – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community recognition.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER** (Non-Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- TWO or MORE RACES** (Non-Hispanic or Latino) – A person who identifies with two or more racial categories named above.

## VETERAN STATUS

Check the box(es) that describe your veteran status:

- Vietnam Era Veteran
- Veteran of Other War Era \_\_\_\_\_
- Other Veteran
- Disabled Veteran
- Not a Veteran

## DISABILITY STATUS:

If applicable, check any disability you have:

- |  |  |
|--|--|
| <input type="checkbox"/> Hearing impairment    | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Mobility impairment   | <input type="checkbox"/> Mental impairment |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Other _____       |

Do you have certification from the Department of Social & Rehabilitation Services for Handicapped Persons' Employment Preference?  YES             NO