



# 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

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

Position applying for: \_\_\_\_\_

Department:  MONTANA FAIR     BOX OFFICE     CONCESSIONS – Check all that apply

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: \_\_\_\_\_

Have you ever worked for MetraPark or Montana Fair? <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____							
AVAILABILITY:							
Hours Available	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From							
To							

(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: _____
Full Time ( )    Part Time ( )    Hours/week _____	Supervisor's Name: _____	
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: _____
Full Time ( )    Part Time ( )    Hours/week _____	Supervisor's Name: _____	
In your own words describe your work: _____		
Reason for Leaving: _____		

Add additional pages if necessary.

REFERENCES

(Minimum of 2 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 \_\_\_\_\_

MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Employment Preference Act or Persons with Disabilities Employment Preference, check the appropriate box(es) below: (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 Disabled Persons Employment Preference as (check on of the boxes below):

- A disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.
The spouse of totally (100%) disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.

If you checked one of the above boxes for Persons with Disabilities 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 - 6th Avenue North
Billings, MT 59101

MetraPark
PO Box 2514
Billings, MT 59103