



Return to:
Human Resource Council
1801 S. Higgins Avenue
Missoula, MT 59801

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS

The Human Resource Council is an equal opportunity employer. All applicants will be considered without regard to race, color, religion, creed, sex, national origin, age, marital status, or physical disability, which does not preclude performance of the particular employment sought, or any other legally protected status with is unrelated to a bona fide occupational requirement.

**INSTRUCTIONS: Please complete application by typing or printing in ink.
Unsigned or incomplete applications will not considered.**

Are you interested in? Part -time Full-time Temporary Employment

POSITION APPLIED FOR _____

Name _____		
Present Address _____		
City _____	State _____	Zip _____
Home Phone _____	Other Phone _____	
Email address: _____		
Do you have a valid state driver's license? Yes _____ No _____ Operator's Lic. No. _____		
Criminal Record – (Conviction of a crime not an automatic bar to employment. Factors such as the nature and the gravity of the crime, length of the job for which you have applied will be considered.) Have you ever been convicted of a felony? If so, please explain each conviction. Give place of occurrence and the court involved.		

Have you worked for Human Resource Council before? _____		
If yes, please give dates and department _____		

High School Name and Address: _____

Received Diploma Yes _____ No _____ or completed GED Equivalency Certificate Yes _____ No _____

College or University Name and Location	Dates Attended	Major/Field	Degree or Certificate
Other Schools or Training Courses Name and Location	Dates Attended	Title/Description of Course	

SPECIAL SKILLS- Specify speed/errors where requested Typing _____/_____/_____ Data Entry _____/_____/_____

Other _____

CURRENT EMPLOYER _____
ADDRESS _____
Dates employed: From _____ To _____
Position _____ Salary _____ Hrs/Week _____
Supervisor _____ Phone _____
Describe work performed _____ _____ _____ _____
Reason for leaving: _____

EMPLOYMENT HISTORY

PAST EMPLOYER _____
ADDRESS _____
Dates employed: From _____ To _____
Position _____ Salary _____ Hrs/Week _____
Supervisor _____ Phone _____
Describe work performed _____

Reason for leaving: _____

PAST EMPLOYER _____
ADDRESS _____
Dates employed: From _____ To _____
Position _____ Salary _____ Hrs/Week _____
Supervisor _____ Phone _____
Describe work performed _____

Reason for leaving: _____

PAST EMPLOYER _____
ADDRESS _____
Dates employed: From _____ To _____
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Dates employed: From _____ To _____

Position _____ Salary _____ Hrs/Week _____

Supervisor _____ Phone _____

Describe work performed _____

Reason for leaving: _____

PAST EMPLOYER _____

ADDRESS _____

Dates employed: From _____ To _____

Position _____ Salary _____ Hrs/Week _____

Supervisor _____ Phone _____

Describe work performed _____

Reason for leaving: _____

(If you need additional space for previous employers, please attach.)

List professional, trade, business activities, or offices held, and any community activity, which you feel may be pertinent to this application. _____

I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

RELEASE

With this release, I grant District XI Human Resource Council, Inc. to whom I am making application for employment, access to my past employment history, education institutions, and licensing bodies for verification of employment, skills, abilities, overall job performance, general comments on quality of work and timely completion of work assignments.

HRC reserves the right to conduct a criminal background check on applicants. Prior convictions in and of themselves are not automatically grounds for disqualification. HRC also reserves the right to conduct background check on applicants during recruitment. The results of such a check are not automatically grounds for disqualification.

DATED this _____ day of _____, 20_____

SIGNATURE

WITNESS _____

DATE: _____



APPLICANT SURVEY

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

The Human Resources Council is an equal opportunity employer and operates under an Affirmative Action Plan. We seek to provide equal employment opportunities to all applications regardless of race, creed, religion, color, sex, physical or mental disability, age or national origin. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment because of such individual's race, color, religion, sex or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements, which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those, which require the information to be summarized and reported to the Federal Government for civil rights enforcement purpose.

If you choose not to self-identify you race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. All information will be reported in the same six race/ethnicity categories identified below.

This survey will be separate from your application. The information contained on it will be kept confidential and used only for statistical reporting and other lawful uses. Analysis of the information provided in this survey will be used to monitor recruitment and selection practices within the Corporation. Although you are not required to complete this survey, we would appreciate your voluntary cooperation.

How did you first learn of this position?

- | | |
|---|--|
| <input type="checkbox"/> Newspaper ad or journal ad | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> A friend | <input type="checkbox"/> Female, minority, handicapped referral organization |
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Other (specify) |

NAME: _____

POSITION APPLIED FOR: _____

LOCATION: _____

Male Female Date of Birth (month/day/year) _____ / _____ / _____

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your race/ethnicity?

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White(not Hispanic or Latino)** a person having origins in any of the original peoples of Europe, the Middles East, North Africa.
- Black or African American (not Hispanic or Latino)** a person having origins in any of the black racial group of Africa.
- Asian (not Hispanic or Latino):** a person having origins 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.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original people of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.