1 PLATT AVENUE SOUTH, P.O. BOX 9, RED LODGE, MONTANA 59068



Employment Application

City of Red Lodge is an equal opportunity employer. All candidates for employment are reviewed without regard to race, religion, color, age, sex, national origin, citizenship, marital status, veteran status, disability, or any other classification protected by law. Consistent with the provisions of the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Name (First, MI, Last)				_Date		
Address Apt. #						
City				Zip		
Home Phone						
General Information:						
Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) ☐ NO ☐ YES If yes, explain						
Education & Training						
Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 MastersDoctorate						
Name & Address of School		Major Course Studied		or Degree	Average Grade	
Last High School Attended/Address:			,			
College or University/Address						
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address						
List any scholarships, academic honors, awards or special achievements:						
Skills						



Personal Information





Please list any skills you have that are appropriate for the position you are applying for:					
If required, will you work? Rota Overtime \square YES \square NO	ating shifts \Box	YES 🗌 NO	Saturdays	s \square YES \square NO Sund	ays □ YES □ NO
Position applying for, be speci	fic:		Salary Re	equirements \$	_ □ per hour □ per month
Date you can start//_					
State fully why you believe you	u are qualifie	d for this posi	tion		
Employment History					
Starting with your PRESEN FOUR employers in consecutive and the surrently of the surrently	cutive order				·
Full Name Of Company	empioyea,	may we cor	itact your	remployer? □ YES Salary	S NO Employment From/To
T all Hallie of Company				Begin/End	(Mo/Yr to Mo/Yr)
(Area Code) Telephone					
Street Address	City	State	Zip	Reason for Leavin	g:
Name & Title of Supervisor				-	
Title of your Position				1	
List jobs held, duties perfor	med, skills	used and pro	omotions	while employed at t	his company:
Full Name Of Company				Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone					
Street Address	City	State	Zip	Reason for Leavin	g:
Name & Title of Supervisor				-	
Title of your Position					

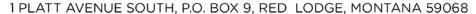






List jobs held, duties performed, skills used and promotions while employed at this company:					
Employment History (Co	ontinued)				
Full Name Of Company				Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone					
Street Address	City	State	Zip	Reason for Leavin	g:
Name & Title of Supervisor					
Title of your Position List jobs held, duties perform	ned, skills us	sed and pro	motions	while employed at t	his company:
Liet jese Heia, addee perioni	rou, orano uc	ou and pro		mino ompioyoù at t	ino company.
				1	
Full Name Of Company				Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone					
Street Address	City	State	Zip	Reason for Leavin	g:
Name & Title of Supervisor					
Title of your Position					
List jobs held, duties perform	ned, skills us	sed and pro	motions	while employed at t	his company:
Business References					
Name			Title		
Company	Address				
City		State Zip			
D. L. C. L.			 		
Relationship			Phon	e	
Name			Title		
Company		Address			
City			State		Zip







Relationship	Phone	
Name	Title	
Company	Address	
City	State	Zip
		·
Relationship	Phone	

Applicant Affidavit

- 1. I certify that all statements given by me on this application, on my resume or other supplementary material are true and correct without omission. I understand that falsification or omission of any information required by this form is sufficient grounds for immediate disqualification of candidacy or termination of my employment by City of Red Lodge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
- I understand that should employment be extended to me, I may be subject to the satisfactory results of any job
 related pre-employment examination required by the City of Red Lodge and my signature indicates my consent
 to such testing.
- 3. I acknowledge that I have been advised that I may be required to submit to a drug screen test as a requirement of the company's pre-employment background check program or part of the company's drug testing program. I further understand that the Drug and Alcohol Abuse policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy.

Additionally, a refusal to test, failure to submit adequate urine for test, or adulterated sample, constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that it is my responsibility prior to the drug testing to inform the laboratory and/or City of Red Lodge of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I consent to the release of the results of any drug test to authorized representatives of City of Red Lodge for appropriate review. I release City of Red Lodge, or any testing agency retained by it, its affiliates, Officers, employees and any person affiliated with the testing from any claims, losses, damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing.

I acknowledge that the Drug and Alcohol Policy of the City of Red Lodge is to have a drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Drug and Alcohol Policy. I also understand that although I may not agree with the Drug and Alcohol Policy of the City of Red Lodge, failure to acknowledge the policy with my signature below may prohibit my employment with the City of Red Lodge. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

DO NOT SIGN UNT	TIL YOU HAVE READ THE A	BOVE STATEMENTS.
I certify that I have read, f	fully understand and accept all ter	ms of the above statements.
		Date
406.446.1606	red lodge BASE CAMP TO THE BEATFOOTHS	CITYOFREDLODGE.NET