City of Libby
Libby Montana
www.cityoflibby.com

PO Box 1428
952 E. Spruce Street
Libby MT, 59923
(406) 293-2731
Fax (406) 293-4090

Notice to Applicants- It is the policy of the City of Libby to consider applicants for all positions without regard to race, color, religion, creed, sex national origin, age, martial or veteran status, the presence of non-job-related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement. Screening tests for alcohol and illegal drugs use may be required before hiring and during your employment with the city of Libby.

POSITION APPLIED FOR _____ DEPARTMENT _____

PERSONAL INFORMATION

NAME _____
Last First Middle

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE EMAIL

Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, describe. _____

Do you claim Veteran's Preferance? ☐ Yes ☐ No
If yes, you must provide a copy of your DD214 with this application.

Have you worked for the city of Libby before? ☐ Yes ☐ No
If yes, please give the department, years, and reason for leaving.

Do you have a relative working for the city of Libby? ☐ Yes ☐ No
If yes, what is their name and relationship.

EDUCATION

	Name/Location	Majoring In	Degree/Certificate
High School			
College			
Vocational/ Business			
Special Studies			

Special Skills

Please describe your skills with hand and power tools, office machines, calculators, copy machines, processors, computers, software, typing and shorthand speed, secretarial skills, heavy equipment operations, plumbing and electrical experience mechanical experience, or any other skills that relate to the position applying for.

Reason for Applying

Please describe your reason in applying for this job.

EMPLOYMENT HISTORY

Current Employer - _____ Phone # _____

Address - _____

Dates Employed From- _____ To- _____

Position- _____ Salary- _____

Describe work performed: _____

Reason for leaving: _____

EMPLOYMENT HISTORY

Past Employer - _____ Phone # _____

Address - _____

Dates Employed From- _____ To- _____

Position- _____ Salary- _____

Describe work performed: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

_____

_____

EMPLOYMENT HISTORY

Past Employer - _____ Phone # _____

Address - _____

Dates Employed From- _____ To- _____

Position- _____ Salary- _____

Describe work performed: _____

_____

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Reason for leaving: _____

_____

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_____

EMPLOYMENT HISTORY

Past Employer - _____ Phone # _____

Address - _____

Dates Employed From- _____ To- _____

Position- _____ Salary- _____

Describe work performed: _____

_____

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Reason for leaving: _____

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_____

_____

Special Liscenses

Please list any licenses or certifications currently held.

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_____

_____

_____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Libby, I am required to furnish information which this agency may use in determining my qualifications. In this connection, I hereby expressly authorize release of any and all information which you, as a previous employer or employment referance, may have concerning me, including information of a confidential or privledged anture. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application or during my interview may result in discharge. I understand also, that I am required to abide by all rules, regulations, and policies of the city.

_____ _____ _____

SIGNATURE OF APPLICANT PRINTED NAME OF APPLICANT DATE