

# ACTION INC.



(406) 533-6855 25 West Silver Street P.O. Box 39 Butte, MT 59703  
Employment Application (Equal Opportunity Employer)

## APPLICANT INFORMATION

Position Applied for _____		Date _____	
Date Available _____	Resume Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>	Desired Salary _____	
Last Name _____	First _____	M.I. _____	
Street Address _____		Apartment/Unit # _____	
City _____	State _____	ZIP _____	
Phone _____	Message Phone _____		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when? _____	
Have you ever been convicted of a felony? (Conviction does not bar you from employment with this Agency) YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain _____	

## EDUCATION

High School _____	Address _____		
Highest level _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree _____	
College _____	Address _____		
Highest level _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree _____	
Other _____	Address _____		
Highest level _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree _____	

## REFERENCES

*Please list three professional references and **Do NOT** include any personal references.*

Full Name _____	Relationship _____
Company _____	Phone (     ) _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone (     ) _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone (     ) _____
Address _____	

**EMPLOYMENT HISTORY (START WITH MOST RECENT)**

Company	_____	Phone	(    )
Address	_____	Supervisor	_____
Job Title	_____	Starting Salary	\$ _____ Ending Salary \$ _____
Responsibilities _____			
From	_____	To	_____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company	_____	Phone	(    )
Address	_____	Supervisor	_____
Job Title	_____	Starting Salary	\$ _____ Ending Salary \$ _____
Responsibilities _____			
From	_____	To	_____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company	_____	Phone	(    )
Address	_____	Supervisor	_____
Job Title	_____	Starting Salary	\$ _____ Ending Salary \$ _____
Responsibilities _____			
From	_____	To	_____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	_____	From	_____	To	_____
Rank at Discharge	_____	Type of Discharge	_____		
If other than honorable, explain _____					

**SKILLS AND QUALIFICATIONS**

What skills and/or qualifications do you bring to this position (i.e. computer programs/skills, certificates, licenses, experiences, etc)?


**DISCLAIMER AND SIGNATURE**

I certify that the facts contained in this application (and accompanying application materials, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the agency.

I understand that any employment is conditional on a background check. I authorize the agency to investigate all statements contained in my application and/or resume, and I authorize my former employers and references to disclose information, regarding my former employment, character and general reputation to the agency, without giving me prior notice of such disclosure. In addition, I release the agency, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired my employment may be terminated at any time with just cause at the option of the Agency and without cause at the option of myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the agency unless made in writing.

I understand that filling out this form does not indicate there is a position open and does not obligate the agency to hire. If hired, I agree to abide by all agency work rules, policies and procedures. The agency retains the right to revise its policies and procedures, in whole or in part, at any time.

**Signature****Date**



**MUST BE A SEPARATE PAGE - DO NOT COPY FRONT TO BACK WITH COMPLETE APPLICATION**

**AFFIRMATIVE ACTIONS VOLUNTARY INFORMATION**

In an effort to comply with government regulations regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, or any other legally protected status.

This form is to be completed by the applicant. It is not used for interview purposes. This form, if completed, is to be filed separately from the employment application. The information below, provided by the applicant, is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another Federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

Position Applied For: \_\_\_\_\_

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

**REFERRAL SOURCE:**

_____ Walk In	_____ Job Service	_____ Relative
_____ Employee	_____ Private Employment Agency	_____ School
_____ Advertisement Source	_____ Agency Website	_____ Other

**APPLICANT INFORMATION:**

Last Name _____	First _____	M.I. _____
Street Address _____		Apartment/Unit # _____
City _____	State _____	ZIP _____
Male <input type="checkbox"/> Female <input type="checkbox"/>		

**PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS:**

☐ White    ☐ Black    ☐ Hispanic    ☐ American Indian/ Alaskan Native    ☐ Asian/ Pacific Islander

**SPECIAL NOTICE:**

To Vietnam Era Veterans, Disabled Veterans and individuals with physical or mental disabilities: Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect our consideration for your employment.

If you so wish to be identified, please check if any of the following are applicable:

☐ Vietnam Era Veteran (Served 1964-1975)    ☐ Disabled Veteran    ☐ Individual with a disability

## Pre-offer Invitation to Self-Identify Status as a Protected Veteran

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN



Name:	Position Applied For:
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## Voluntary Self-Identification of Disability

Form CC-305

Page 1 of 1

OMB Control Number 1250-0005

Expires 05/31/2023

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

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

Employee ID: \_\_\_\_\_  
(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

**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.

### For Employer Use Only

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_