



# 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 \_\_\_\_\_

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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 Preference?  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.

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	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.

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Reason for Applying

Please describe your reason in applying for this job.

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Current Employer - \_\_\_\_\_ Phone # \_\_\_\_\_

Address - \_\_\_\_\_

Dates Employed From- \_\_\_\_\_ To- \_\_\_\_\_

Position- \_\_\_\_\_ Salary- \_\_\_\_\_

Describe work performed: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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Past Employer - \_\_\_\_\_ Phone # \_\_\_\_\_

Address - \_\_\_\_\_

Dates Employed From- \_\_\_\_\_ To- \_\_\_\_\_

Position- \_\_\_\_\_ Salary- \_\_\_\_\_

Describe work performed: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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Past Employer - \_\_\_\_\_ Phone # \_\_\_\_\_

Address - \_\_\_\_\_

Dates Employed From- \_\_\_\_\_ To- \_\_\_\_\_

Position- \_\_\_\_\_ Salary- \_\_\_\_\_

Describe work performed: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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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 Licenses**

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