



Please fill out application using Adobe Reader, download as a PDF and rename your file. Email PDF to careers@mountainland.org.

APPLICATION FOR EMPLOYMENT

Mountainland Association of Governments is An Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to age, race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Incomplete information could disqualify you from further consideration. Please complete ALL fields. Failure to accept a position or appear for an interview may disqualify you from further consideration.

PERSONAL INFORMATION			
Name:	Email Address:		
Address:			
Phone:			
Are you eligible to work in the U. S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a valid Driver’s License? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you at least 18 years or older? (If no, you may be required to provide authorization to work) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been terminated from employment or asked to resign by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide company name(s) and details.			
Do you have any relatives or friends who work for Mountainland Association of Governments? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, please indicate relationship and name:			
EMPLOYMENT DESIRED			
Position for which you are applying:			
Available start date:		Hourly rate/salary desired:	
Type of employment acceptable:	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Temporary <input type="checkbox"/> On call <input type="checkbox"/>
Can you perform the essential functions of the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)			
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If presently employed, why are you considering leaving?			

REFERRAL SOURCE

How did you hear about us?

Have you previously been employed by Mountainland Association of Governments? Yes No

If so, indicate position and beginning and end dates of employment:

EDUCATION*An official transcript may be requested.*

School	Name/Location	# of years attended	Degree received		Major
High School			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College/ University			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College/ University			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Trade/ Business School			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? Yes No

If yes, please describe:

EMPLOYMENT HISTORY*Start with your current or most recent position.**If additional space is needed, please continue on a separate sheet of paper.*

From Month/Day Year:	To Month/Day/Year:
Name of Employer:	Phone Number:
Full Address (Including Street, City, State & Zip):	Supervisor's Name and Title:
Describe the Work Performed:	
From Month/Day Year:	To Month/Day/Year:
Name of Employer:	Phone Number:
Full Address (Including Street, City, State & Zip):	Supervisor's Name and Title:
Describe the Work Performed:	

EMPLOYMENT HISTORY Continued

From Month/Day Year:	To Month/Day/Year:
Name of Employer:	Phone Number:
Full Address (Including Street, City, State & Zip):	Supervisor's Name and Title:

Describe the Work Performed:

From Month/Day Year:	To Month/Day/Year:
Name of Employer:	Phone Number:
Full Address (Including Street, City, State & Zip):	Supervisor's Name and Title:

Describe the Work Performed:

May we contact your previous employer(s)? Yes No

HONORS

Describe any honors and/or awards you have received.

PERSONAL REFERENCES

Please provide three professional references unrelated to you.

Name:	Relationship:	Phone Number:	Email:

What makes you the best fit for this position?

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from Mountainland Association of Governments. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. Furthermore, I authorize Mountainland Association of Governments to contact my above listed personal references regarding the position for which I am applying. I hereby release the providing organizations and individuals from liability or damage which may result from furnishing the information requested. This information is to be used to assist Mountainland Association of Governments in determining my qualifications and fitness for the position I am seeking. I understand that I will be required to authorize and successfully complete a Background Screening prior to an offer of employment. Furthermore, I understand that the application process may include a drug screen and that if I fail that drug screen, I will be ineligible to apply for any position within Mountainland Association of Governments for a minimum of six (6) months from the date of the screening.

Signature of Applicant: _____

Date: _____

RESULTS

Employed: Yes No

If yes, Job Title: _____ Department: _____

Date beginning employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____

Interviewed by: _____

Interviewed by: _____



MOUNTAINLAND ASSOCIATION OF GOVERNMENTS EEO/AFFIRMATIVE ACTION

Thank you for your employment interest in Mountainland Association of Governments. The information requested on this form is for statistical purposes only. Furnishing this information is voluntary. Information provided will not be used to influence the selection process in any way.

GENDER: Please check one of the options below.

Male Female Other

RACE/ETHNICITY: Please check one of the options below.

Hispanic or Latino: A person of Cuban, Mexican, 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 Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

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 American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

AGE GROUP: Under 40 Over 40

ARE YOU DISABLED UNDER THE AMERICANS WITH DISABILITIES ACT? Yes No

ARE YOU A VETERAN, A DISABLED VETERAN, OR THE UNMARRIED WIDOW OR WIDOWER OF A VETERAN?
Yes No
