



# Employment Experience

Begin with your present or last position including Mountainland Association of Governments and Military employment and work back. Be specific. If more than one position was held under the same employer, describe each position separately. Describe your duties in concise detail. Indicate responsibility, supervision, if any, reason for leaving, etc. (you may attach a resume or other relevant documents to further describe your qualifications.)

|  |                    |                   |                         |
|--|--------------------|-------------------|-------------------------|
| Dates of employment (list mo. and yr.)<br>from:                      to: | Hours/Week:        | Title of position | Ending salary per month |
| Name of employer   | Address            | Phone             |                         |
| Supervisor   | Reason for leaving |                   |                         |
| Describe your duties: _____<br>_____<br>_____                            |                    |                   |                         |

|  |                    |                   |                         |
|--|--------------------|-------------------|-------------------------|
| Dates of employment (list mo. and yr.)<br>from:                      to: | Hours/Week:        | Title of position | Ending salary per month |
| Name of employer   | Address            | Phone             |                         |
| Supervisor   | Reason for leaving |                   |                         |
| Describe your duties: _____<br>_____<br>_____                            |                    |                   |                         |

|  |                    |                   |                         |
|--|--------------------|-------------------|-------------------------|
| Dates of employment (list mo. and yr.)<br>from:                      to: | Hours/Week:        | Title of position | Ending salary per month |
| Name of employer   | Address            | Phone             |                         |
| Supervisor   | Reason for leaving |                   |                         |
| Describe your duties: _____<br>_____<br>_____                            |                    |                   |                         |

|  |                    |                   |                         |
|--|--------------------|-------------------|-------------------------|
| Dates of employment (list mo. and yr.)<br>from:                      to: | Hours/Week:        | Title of position | Ending salary per month |
| Name of employer   | Address            | Phone             |                         |
| Supervisor   | Reason for leaving |                   |                         |
| Describe your duties: _____<br>_____<br>_____                            |                    |                   |                         |

*If you need additional space, please continue on a separate sheet of paper.*

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Education

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School Name and Location (NOTE: An official transcript may be requested.)

High School \_\_\_\_\_ Location \_\_\_\_\_  
Graduate Y N Received GED Y N Highest level completed \_\_\_\_\_

Undergraduate  
College/University \_\_\_\_\_ Location \_\_\_\_\_  
Graduate Y N Degree \_\_\_\_\_ Highest level completed \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_

Graduate/Professional  
College/University \_\_\_\_\_ Location \_\_\_\_\_  
Graduate Y N Degree \_\_\_\_\_ Special Emphasis \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any honors you have received.

State any additional information you feel may be helpful to us in considering your application.

# References

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Give name, address, and telephone number of three references who are not related to you.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

May we contact your references listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

May we contact your current and previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Please state below why you feel you are qualified for this position:

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## **NEPOTISM AGREEMENT**

I understand and agree that I will not be eligible for hire to any Mountainland Association of Governments Department where a member of my immediate family is employed. Immediate family will be defined as spouse, parent, sibling, child, grandchild, grandparent, sister-in-law, brother-in-law, mother-in-law, father-in-law, son-in-law, or daughter-in-law. Members of the immediate family of City and County elected officials and the Executive Director are not eligible for hire within Mountainland.

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## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize release of any and all information from previous employers regarding my employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by Mountainland Association of Governments rules and regulations.

I authorize the release of any and all background information concerning me, including information of a confidential or privileged nature, to the hiring authorities of Mountainland Association of Governments for the respective position for which I am submitting this application. I hereby release the providing organization from liability or damage which may result from furnishing the information requested. This information is to be used to assist the Association in determining my qualifications and fitness for the position I am seeking.

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 \_\_\_\_\_

NOTE: Mountainland Association of Governments is an Equal Opportunity Employer and will not make any employment decisions based on race, color, age, sex, religion, national origin, or disability.

# **MOUNTAINLAND ASSOCIATION OF GOVERNMENTS**

## **EEO/AFFIRMATIVE ACTION**

Dear Applicant,

The information that we are soliciting on this form is for statistical purposes only. Furnishing this information will be on a voluntary basis. Any information provided will not be used to influence selection or be considered in any way during the selection process.

Thank You,

Darrell Cook  
Executive Director

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|  | Female    | Male     |
|--|-----------|----------|
| A. White (not of hispanic origin): Persons having origins in any of the original people of Europe, North Africa, of the Middle East.   | _____     | _____    |
| B. Black (not of hispanic origin): Persons having origins in any of the black racial groups of Africa.   | _____     | _____    |
| C. Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Hispanic cultures or origins regardless of race.   | _____     | _____    |
| D. Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. | _____     | _____    |
| E. American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.  | _____     | _____    |
| F. Age Group: Under 40 _____ Over 40 _____   | _____     | _____    |
| G. Are you disabled under the Americans with Disabilities Act? Yes _____ No _____  |           |          |
| H. Are you a veteran, a disabled veteran, or the unmarried widow or widower of a veteran?  |           |          |
| I. How did you learn about this position?  | Yes _____ | No _____ |
| _____ State Employment Office  |           |          |
| _____ Professional Journal   |           |          |
| _____ Bulletin Board   |           |          |
| _____ School   |           |          |
| _____ MAG Employee   |           |          |
| _____ Newspaper  |           |          |
| _____ Job Hotline  |           |          |
| _____ Other (Please Specify _____)   |           |          |

Position applied for \_\_\_\_\_ Date \_\_\_\_\_