



Montana State Fund Employment Application

Our mission: Montana's insurance carrier of choice and industry leader in service. Montana State Fund is an equal employment opportunity employer. Top applicants are selected through a review of required application materials, including this application form, using job-related factors to determine qualifications.

Employment Preferences: Montana Persons with Disabilities Public Employment Preference Act and the Veterans' Public Employment Preference Act provide preference for qualified applicants. An applicant claiming an employment preference must be able to provide certification to support this status.

Type or print clearly

Name:

Address: City: State: Zip:

Home phone: Work phone: Email address:

Title of position you're applying for:

Date available: Salary desired (actual or range):

Are you employed now? If so, may we contact your present employer?

Have you been previously employed by Montana State Fund? If so, when?

Are you related to any current employee(s)? If so, name(s):

Have you ever been convicted of a felony*? If yes, please explain:

*A conviction will not necessarily exclude an applicant from employment.

How did you learn of this vacancy? MSF website, Newspaper, if so, which newspaper?

Employee/former employee, Internet job posting site, if so, which site?

Other, please specify:

Are you authorized to work in the United States of America?

Education

High school graduate or GED? If no, identify highest year of schooling completed:

College, business or trade schools

Name of school and location (city/state)	Major	Length of time attended (years)	If no degree or certification, number of credits earned or hours attended (quarter or semester)	Degree/certification and date received

Professional certifications: _____

My signature below certifies all information on this and all attached pages (checked below) is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications and misrepresentations may disqualify me from consideration for employment with Montana State Fund or, if hired, may be grounds for termination at a later date. I understand this is a preliminary application and is not an employment contract. I understand that my current and previous employers may be contacted to investigate my work history. I hereby authorize any current or former employer, person or firm listed herein to answer questions about my employment and agree to hold all persons harmless for releasing truthful information within their knowledge or records.

I understand that I may be subject to the satisfactory results of any job related pre-employment testing or inquiries required by Montana State Fund should employment be extended to me. By my signature I indicate consent to such testing. In consideration of my employment, I agree to conform to the instructions, rules and policies of Montana State Fund. I recognize the rules, policies or benefits of Montana State Fund may be revised or eliminated at any time. A background check may be conducted on final candidates.

Signature: _____ Date _____

Please check attachments Resume Cover letter

Employment

Beginning with present or most recent, list your previous employment. If you wish to elaborate, attach a resume. Include military service if applicable. Lack of specific information on this form may result in no further consideration being given to an applicant or elimination from the selection process.

Employer's name:

Type of business:

Dates employed: From: (month and year) To: (month and year)

Salary: Starting: Ending: Hours worked per week:

Mailing address:

Job title:

Duties: (include knowledge, skills, abilities required, employees supervised, accomplishments)

Immediate supervisor:

Supervisor's phone number if known:

Reason for leaving:

.....

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Type of business:

Dates employed: From: (month and year) To: (month and year)

Salary: Starting: Ending: Hours worked per week:

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Job title:

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Mailing address:

Job title:

Duties: (include knowledge, skills, abilities required, employees supervised, accomplishments)

Immediate supervisor:

Supervisor's phone number if known:

Reason for leaving:

.....
If needed, please attach additional pages using the same format.

Equal Employment Opportunity Applicant Data

Completion of this form is optional. Information is kept confidential and is used by Montana State Fund Human Resources for statistical reporting and other lawful uses only. Analysis of the information you and others provide will be used to monitor recruitment and selection practices at Montana State Fund. Please return this form with your cover letter and resume.

Name:

Position applying for:

Date of birth:

Gender:

Race/Ethnicity: Please check all the boxes below that describe your race or ethnicity.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- Asian** (A person having origin 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.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- Native Hawaiian or other Pacific Islander** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Disability status: **Are you a person with a disability?** **Are you a disabled veteran?**
Can you provide certification to support this status?

Military status: Please check the one box that best describes your military status.

- No Military Service Active Reserve Inactive Reserve Retired Vietnam Veteran Other Veteran



Montana State Fund

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Helena MT 59604-4759

(406) 444-6500 (800) 332-6102

www.montanastatefund.com

Who We Are

Montana State Fund is a nonprofit, publicly-owned worker's compensation insurance carrier governed by a seven-member board of directors appointed by the Governor and managed by a team of executives. Montana State Fund operates solely on premium revenues. As a leader in workers' compensation, we strive to promote safe workplaces, prevent injuries, and effectively manage claims when injuries do occur.

We proudly live our Montana State Fund Mission Statement as *Montana's Insurance Carrier of Choice and Industry Leader in Service*. Montana State Fund plays a unique and important role in Montana. As a public entity, we acknowledge the obligation we have to the citizens of our state. To this end, Montana State Fund management and staff are dedicating a significant amount of resources towards increasing the effectiveness of all of our programs.

Our vision, *Montana State Fund is committed to the health and economic prosperity of Montana through superior service, leadership and caring individuals, working in an environment of teamwork, creativity and trust*, differentiates us from other workers' compensation insurance carriers in Montana. We exist to provide Montana employers and their employees with competitively-priced coverage and to service them no matter what challenges are faced in the insurance industry.

The true measure of who we are goes beyond our fiduciary responsibilities. As Montanans, we recognize how fortunate we are to call this place our home. Our greatest satisfaction comes from the knowledge that by working together we have made, and will continue to make, a difference to the people that we serve.