

**CITY OF HARDIN**  
**VACANCY ANNOUNCEMENT**  
**City Court Clerk I to Court Clerk III**

**PRIMARY OBJECTIVE OF POSITION:** Under limited supervision, performs moderately complex clerical and secretarial duties; work varies and requires individual judgment within well-defined legal procedures in the preparation and assembling of documents for the City Court.

**MAJOR AREAS OF ACCOUNTABILITY AND PERFORMANCE:** Performs duties of Court Clerk, receptionist, secretary and bookkeeper for the City Court. Accounts for funds received, and maintains accurate records of fines, bail monies, bonds, and time payments; enters citation data daily in the computer; fills out dispositions for citations, formal criminal charges, prepares paperwork for arraignment and trials in the court and performs related duties as required.

Contact with the public requiring appropriate business attire, professionalism and involving communication of complex information with confidentiality.

**EDUCATION, TRAINING, AND EXPERIENCE REQUIREMENTS:** High School graduate or equivalent; knowledge of modern office equipment and procedures with demonstrated spelling and grammar skills; bookkeeping knowledge and experience preferred; computer experience and skills required; experience with maintaining filing systems; and ability to meet and deal with the public in a courteous professional manner. An applicant must be able to pass financial and criminal background checks and not be convicted of any felonies. Must acquire NCIC/CJIN Security and Integrity Certification after hire.

**Court Clerk II:** Requirements of this position are at least two years of service in a city court clerk or similar position. Similar service or experience may also qualify.

**Court Clerk III:** Requirements of this position are at least six years of service in a city court clerk or similar position. Similar service or experience may also qualify.

**The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment of the position. Will perform such other assignments as may be directed in the day to day operations of the City.**

Entry Level Salary: \$17.00 per hour to \$20.89 per hour DOE

Benefits Include: Holiday, Sick, Vacation, and Retirement

**Application Closing Date:** Friday, May 29, 2026 at 3:00 p.m.

Required Application Materials and Forms: Completed City of Hardin Job Application

Hours: This is a Part – Time position. Union position available.

APPLICATIONS available:

City of Hardin

406 N Cheyenne

Hardin MT 59034

(406) 665-9260 Ext. 104 Or <http://www.hardinmt.com/Wanted.html>

Complete job description available upon request.

EOE and Drug and Alcohol-Free workplace. Pre–Employment Drug testing is required.

Applicant is Subject to a Background Check.



## CITY OF HARDIN

**POSITION:** City Court Clerk I to Court Clerk III - Part- Time

**ACCOUNTABLE TO:** City Judge

**PRIMARY OBJECTIVE OF POSITION:** Under limited supervision, performs moderately complex clerical and secretarial duties; work varies and requires individual judgment within well-defined legal procedures in the preparation and assembling of documents for the City Court.

**ESSENTIAL JOB FUNCTIONS:** Performs duties of Court Clerk, receptionist, secretary and bookkeeper for the City Court. Accounts for funds received, and maintains accurate records of fines, bail monies, bonds, and time payments; enters citation data daily in the computer; fills out dispositions for citations, formal criminal charges, prepares paperwork for arraignment and trials in the court and performs related duties as required.

Contact with the public requiring appropriate business attire, professionalism and involving communication of complex information with confidentiality.

**PHYSICAL REQUIREMENTS:** Physical requirements include climbing (limited), walking, bending, stooping, and lifting up to 35#s (greater with assistance).

**SUPERVISION - RESPONSIBILITY FOR WORK OF OTHERS:** Normally none. However, may need to supervise other office staff as assigned.

**EDUCATION, TRAINING, AND EXPERIENCE REQUIREMENTS:** High School graduate or equivalent; knowledge of modern office equipment and procedures with demonstrated spelling and grammar skills; bookkeeping knowledge and experience preferred; computer experience and skills required; experience with maintaining filing systems; and ability to meet and deal with the public in a courteous professional manner. An applicant must be able to pass financial and criminal background checks and not be convicted of any felonies. Must acquire NCIC/CJIN Security and Integrity Certification after hire.

**Court Clerk II:** Requirements of this position are at least two years of service in a city court clerk or similar position. Similar service or experience may also qualify.

**Court Clerk III:** Requirements of this position are at least six years of service in a city court clerk or similar position. Similar service or experience may also qualify.

**EXAMPLES OF PERFORMANCE CRITERIA AND EXPECTATIONS:**

Maintain public integrity in the court system with confidentiality, collegiality, and professionalism.

Maintain court calendar, books, and all court records and documents, and manage all funds.

Establishes and maintains effective relations with the public, law enforcement, attorneys, and co-workers.

**The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment of the position. Will perform such other assignments as may be directed in the day to day operations of the City.**



# Employment Application

# The City of Hardin

Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Resource Department.

406 N Cheyenne Ave.  
Hardin, MT 59034  
A Drug and Alcohol Free Work Place

~Please Print or Type information below ~

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last First M.I.

Address: \_\_\_\_\_

Physical Street Address Apartment/Unit # City State ZIP Code

MAILING Street Address Apartment/Unit # City State ZIP Code

Phone: \_\_\_\_\_ Emergency/Message# \_\_\_\_\_ E-Mail Address \_\_\_\_\_

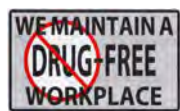
Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_  Full-time  Part-time  Temporary  Seasonal  Educational Co-op

Are you able to meet attendance requirements? YES  NO  Are you authorized to work in the U.S.? YES  NO

Have you ever worked here before? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

 The City of Hardin is a drug free and alcohol-free workplace. The City has a drug testing policy for its employees. The City prohibits the use of all dangerous drugs. Federal and State law classifies marijuana as a dangerous drug. I understand that screening tests for alcohol and illegal drug use may be required before hiring, and if hired, during my employment here.  YES  NO

Do you have a current driver's license?  YES  NO  
State \_\_\_\_\_ Expires \_\_\_\_\_

Do you have a current CDL?  YES  NO  
State \_\_\_\_\_ Expires \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known \_\_\_\_\_

## Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~Most recent first~

### Previous Employment

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?

### Miscellaneous

The information requested below is used solely in connection with the City of Hardin's affirmative action obligation or efforts; and is being requested on a voluntary basis, that it will be kept confidential in accordance with the ADA. Refusal to provide this information will not subject the application to any adverse treatment, and that it will be used only in accordance with ADA. To ensure that the self-identification information is kept confidential, the information will be on a form that is kept separate from the application.

Do you claim employment preference as a veteran, disabled veteran, YES NO If "YES" ask for and complete Form A and  
 handicapped person or eligible spouse of one of the above?   attach to this application.

### Disclaimer and Signature

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*All City of Hardin applications may be subject to the Right to Know provisions of Montana's Constitution (Art. II, Sect. 9) and may be considered a "public record" pursuant to Section 2-6-202 and Section 2-6-401, Montana Code Annotated. As such, this application and the fact that you applied for employment may be available for public disclosure and will be retained pursuant to the City's record retention policies. Those portions of the application that contain confidential information related to individual privacy may be protected from disclosure under law. I hereby authorize the City of Hardin to release to the public any portion of my application.*

*The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.*

*I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking, gathering and using such information and all other person, corporations or organizations for furnishing such information.*

*This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to fill out a new application.*

*If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer has the authority to make assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.*

*I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.*

*I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.*

*I represent and warrant that I have read and fully and understand the foregoing and seeking employment under these conditions.*

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

## EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

The Montana Veterans' Public Employment Preference Act and Persons with Disabilities Public Employment Preference Act allow eligible applicants to request a hiring preference when applying for a state government position. Applying for a preference is **voluntary**, and all information related to a preference will be **kept confidential**. State agencies will only use this information during the hiring process and will maintain the information in a separate confidential file. Applicants who wish to claim an employment preference must complete and return this form along with their completed employment application. An electronic version of this form is available at <http://wsd.dli.mt.gov/service/app.asp>. Applicants requesting preference must provide the appropriate documentation along with their application to verify eligibility.

Contact the local Job Service Workforce Center for details on veterans' preference or the local Montana Vocational Rehabilitation Services Office for details on obtaining a disability preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

- A Veteran, if**
1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
  2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

- A Disabled Veteran, if**
1. you were separated under honorable conditions from military duty, **AND**
  2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

**The spouse of a disabled veteran** if the veteran's disability prevents him or her from working.

**The unremarried surviving spouse of a veteran or disabled veteran.**

- The mother of a veteran, if**
1. the veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
  2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

**A person with a disability** certified by DPHHS, **OR**

**The spouse** of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

DD-214 showing the character of discharge

Service-connected disability letter

DPHHS Disability Certification

A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

**SIGNATURE** (typed or written):

**DATE SIGNED:**