

STANDARD APPLICATION FOR POSITION OF PUBLIC SAFETY OFFICER IN THE STATE OF MONTANA

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any application for employment in violation of state or federal law.

INSTRUCTIONS: You may complete this application by filling it on your computer, then saving and printing the completed form. If you prefer, you may print the application and fill it in manually. Be sure to sign it before delivering or mailing it to the agency address on the job listing. An application tailored to the position is to your advantage.

LATE, INCOMPLETE or UNSIGNED applications will NOT be considered.

This agency is committed to making reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please notify us at the time of need.

THE VETERANS' EMPLOYMENT PREFERENCE ACT AND THE DISABILITY PERSONS' EMPLOYMENT PREFERENCE ACT provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining handicapped person's certification. Contact your local Veteran's Affairs Office (Department of Military Affairs) for details on obtaining veteran's preference certification. For more information, contact your local Job Service. If you are claiming either employment preference, you must complete the Employment Preference Form.

Last Name _____ First _____ MI _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

E-mail Address _____

Do you have a valid driver's license? Yes () No ()

My signature below certifies that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

EMPLOYERS MAY BE CONTACTED AS REFERENCES.

Signature _____ Date Signed _____

EDUCATION

High School Name _____

Address of High School awarding diploma or equivalency certificate _____

Received diploma or equivalency certificate: Yes () No () If No, highest grade completed _____

College or University Name _____ Dates Attended _____

Location _____ Credit Hours Earned _____ Degrees Received (BA, MA, etc.) _____

Date of Degree _____ Major Field _____ Minor Field _____

List other schools or training that help you qualify.

Name _____ Location _____

Dates Attended _____ Did You Complete? Yes () No ()

Title/Description of Course _____ Total Hours _____

PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES (EMT, GVW, Diver, POST, etc.)

Name and Complete Address of Licensing Agency _____

Type of License _____

Endorsement/Restriction (if applicable) _____ Date Licensed _____

SPECIAL SKILLS (Check the skills you possess. Specify speed/errors where requested.)

Typing ____/____ 10 Code () Accident Investigation () Legal Terminology () Medical Terminology () Photo Skills ()

Computer Software _____

Computer Languages _____

Other _____

CRIMINAL CONVICTIONS (List any criminal convictions you have had as an adult.)

EQUIPMENT (List types of equipment you can operate and specify name or model you have used such as radio equipment, computers, video equipment, alcohol consumption testing equipment, etc.)

EXPERIENCE

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper provided you answer all questions in the blocks and follow the same format. On each sheet, write your name and the job title for which you are applying. This information must be completed even if you submit a resume.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? Yes () No ()

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

ADDITIONAL EMPLOYMENT EXPERIENCE

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

EMPLOYMENT PREFERENCE FORM

Name _____ Social Security Number _____

Job Title _____ Position No. _____ Department Name _____

To claim preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to apply employment preference. Applicants hired by the state will have this information placed in a separate confidential selection file. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities 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 have been separated under honorable conditions, **AND** have 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 have been a member of the Montana Army or Air National Guard who has 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 have been 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/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 PHHS **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 _____



CHOUTEAU COUNTY SHERIFF'S OFFICE

Vern L. Burdick – Sheriff | Justin Smith – Undersheriff

1215 Washington St, Fort Benton Montana 59442 406-622-5451

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____
Please print your full name

Date of Birth _____ SSN# _____

As an applicant for a position with the CHOUTEAU COUNTY SHERIFF'S OFFICE I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement or related employment.

Toward this end, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services public agencies, and all others, to furnish the CHOUTEAU COUNTY SHERIFF'S OFFICE any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form in your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____

State of Montana	
County of _____	
This instrument was acknowledged before me on _____ by _____.	
	<i>Print Name of Signer</i>
	_____ <i>Notary Signature</i> {Montana Notaries must complete the following, if not part of the stamp}
	_____ <i>Printed Name</i>
Affix Seal/Stamp as close to Signature as Possible	Notary Public for the State of _____ Residing at _____ My Commission Expires: _____, 20__



CHOUTEAU COUNTY SHERIFF'S OFFICE

Vern L. Burdick – Sheriff | Justin Smith – Undersheriff

1215 Washington St, Fort Benton Montana 59442 406-622-5451

CRIMINAL HISTORY AUTHORIZATION

The Chouteau County Sheriff's Office is considering the application of the person named below for employment: as a volunteer or an employee with the Sheriff's Office. Any information relating to a criminal history check, traffic record, or any information you may have as to the character and integrity of the person is requested.

Last Name	First Name	Middle
Other Names Used		
Street Address	City	ST Zip
Date of Birth	Social Security #	Phone #

Have you ever been arrested for, or convicted of a crime, or found guilty in a court-martial proceeding?

()Y ()N

If yes, please complete the following (exceptions: minor traffic violations) Attach additional sheet if necessary.

Date	City	State	Charge
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I, _____, the above-named person, do hereby authorize any disclosure of information you may have regarding me, to the office of the Sheriff/Coroner, Chouteau County, Montana.

Signature _____ Date _____

NCIC/CJIN RESPONSE: _____ By: _____

ZUERCHER RESPONSE: _____

APPROVED/DENIED: _____ Date: _____

CRIMINAL JUSTICE APPLICANT'S RIGHTS

DOB _____

As an applicant who is the subject of a national fingerprint-based criminal history record check for a criminal justice purpose (such as employment, direct access to confidential criminal justice information, or unescorted physical access), you have certain rights which are discussed below

- You must be provided written notification by Chouteau County Sheriff's Office that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of the federal statute, regulation or executive order, or rule, procedure or standard establishment by the National Crime Prevention and Privacy Compact Council.

You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks>.

If you decided to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same web address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request that agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make and necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)

If a change, correction. Or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Crime Records and Identification Services at dojcriss@mt.gov or [406-444-3625](tel:406-444-3625).

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for criminal justice purposes.

NAME

DATE