

Occupation: _____ Title: _____

Employer: _____ Supervisor: _____

Address: _____

May we contact your employer? Yes No Phone: _____

How long have you been employed here? _____

What is your regular work schedule? _____

Does your employer support your volunteer activities with CC SAR? _____

Are you able to leave work for callouts? Yes No Conditional

Under what conditions? _____

Military Service? Yes No Dates of Service: _____

Branch of Service: _____ Type of Discharge: _____

Emergency Contact #1: _____

Relationship: _____

Address: _____

Phone: _____

(Home)

(Cell)

(Work)

Emergency Contact #2: _____

Relationship: _____

Address: _____

Phone: _____

(Home)

(Cell)

(Work)

I hereby affirm that all my answers on this application are complete and true, and I understand that any false statement may result in the rejection of my application. I understand that my acceptance into CC SAR may be subject, in part, to the answers on this application, an interview with the designated officials, completion of all prerequisites and successful completion of a probationary period.

Signature: _____ Date: _____



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__



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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: _____