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.)

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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)

_____

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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)

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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)

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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)

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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)

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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 _____

AUTHORIZATION TO RELEASE INFORMATION
BLAINE COUNTY SHERIFF'S DEPARTMENT

To Whom It May Concern: **APPLICANT NAME:**_____

I am an applicant for the position of **DEPUTY SHERIFF** with the Blaine County Sheriff's Department.

As an applicant 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 employment.

Toward this end, I authorize 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 Blaine County Sheriff's Department any and all information they may have concerning me. I authorize a criminal background check and release these records to the Blaine County Sheriff's Department.

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 for your files.

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

Signature of Applicant:_____

Date of Birth:_____ SSN:_____

Subscribed to and Sworn to before me on the _____ day of _____, 20____.
Notary Public in and for said County of _____, State of _____.

_____
(Notary Seal) Notary Public