

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 unmarried 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 unmarried 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 _____

BACKGROUND CHECK CONSENT AND RIGHTS RELEASE



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 notification⁸ by Montana Department of Justice 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.⁹

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 federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

Upon proof of identity, officials of Montana Department of Justice may provide you with a copy of your FBI criminal history record for review and possible challenge. There will be no fee for this copy if you obtain it from Montana Department of Justice. You may also 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/background-checks>.

If you decide 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. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any 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 Criminal Records and Identification Services at dojtsdpublicrecords@mt.gov or 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.

Signed:

Name

Date

Printed Name

Date of Birth

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Certification and Release of Information:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment.

I further authorize Mineral County to contact any and all individuals listed in this application as past employers or personal reference as well as other individuals who have knowledge of my character and behavior patterns. I hereby authorize said third parties to convey to Mineral County any records, reports, evaluations or opinions in their possession which may be pertinent to this application. I understand that all information provided in this application is subject to verification and that all personal data information (i.e. Date of Birth, Social Security Number, Etc.), may be used in conducting background checks.

I further understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in this application or any job interview(s) may result in my discharge. I also understand that, if employed, I will be required to abide by all rules and regulations of Mineral County and applicable statutes of the State Of Montana.

Signature of Applicant _____

Date of Signature _____