

**STANDARD APPLICATION FOR POSITION OF PEACE 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:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 12 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

*LATE, INCOMPLETE, or UNSIGNED applications will **NOT** be considered.*

This agency is committed to make 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 HANDICAPPED 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 Social and Rehabilitation 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 insert.

1.	Name _____	<i>Last</i>	<i>First</i>	<i>MI</i>
2.	Social Security Number _____			
3.	Address _____	<i>Street</i>		
	_____	<i>City</i>	<i>State</i>	<i>Zip Code</i>
4.	Phone No. (____) _____	<i>Work</i>	(____)	<i>Home</i>
5.	E-mail address _____			
6.	Do you have a valid Driver's License?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 considerations for employment, or if hired, may be grounds for termination at a later date. **EMPLOYERS MAY BE CONTACTED AS REFERENCES.***

SIGNATURE: _____ DATE SIGNED: _____

6. EDUCATION

A. High School Name: _____ C. Address of High School Awarding
 B. Received: _____ Diploma or Equivalency Certificate:
 Diploma or Equivalency Certificate
 None - If "NONE", Highest Grade Completed _____

D. College or University Location of School	Dates Attended	Credit Hours Earned Sem. / Qtr.	Degrees Received (BA,MA,etc)	Date of Degree	Major Field	Minor Field
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E. Other Schools or Training Which Helps You Qualify Name, Location	Dates Attended	Did You Complete?	Title/Description of Course	Total Hours
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7. PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (EMT, GVW, Diver, POST, et c.)

Name and Complete Address of Licensing Agency	Type of License	Endorsement/Restriction (if Applicable)	Date Licensed
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8. SPECIAL SKILLS – Check the skills you possess. Specify speed/errors where requested.

Typing ____/____ 10 Code Medical Terminology
 Accident Investigation Legal Terminology Photo Skills
 Computer Software _____ Other (*List in Section #11 of this form*)
 Computer Languages (specify) _____

9. EQUIPMENT - List types of equipment you can operate and specify name or model you have used (Radio Equipment, Computer Equipment, Video Equipment, Alcohol Consumption Testing Equipment, etc.) Continue in Section #11 if more space is needed.

10. 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 if all

questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying. This information must be completed even if a resume' is submitted.

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 & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. 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, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. 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, accomplishments)

Reason for Leaving: _____

ADDITIONAL EMPLOYMENT EXPERIENCE

NAME & ADDRESS
of Employer

Type of Business _____
Dates Employed ____/____/____ to ____/____/____
Average Hrs. 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, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS
of Employer

Type of Business _____
Dates Employed ____/____/____ to ____/____/____
Average Hrs. 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, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS
of Employer

Type of Business _____
Dates Employed ____/____/____ to ____/____/____
Average Hrs. 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, accomplishments)

Reason for Leaving: _____

EMPLOYMENT PREFERENCE FORM

Name _____ Social Security Number _____

Position Applied For _____
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 PHHS, **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

PHHS 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

Yellowstone County Sheriff's Office

I am an applicant for a position with Yellowstone County Sheriff's Patrol. As such, I am required to furnish information which Yellowstone County may use to determine my qualifications and suitability for employment.

In this connection, I hereby expressly authorize the release of any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release Yellowstone County and any organization, company, institution or person furnishing information to Yellowstone County, as expressly authorized above, from any and all liability for damage which may result from furnishing the information requested.

Signature _____ Date _____, 20____

Print Full Name: _____

Present Address: _____

City State Zip

Date of Birth: _____ Social Security Number _____
Mo/Day/Yr

Birth place: _____
City State

APPLICANT SURVEY

Completion of this Applicant Survey is on a voluntary basis and will not affect your eligibility for employment.

Title VII of the U.S. Civil Rights Act requires Yellowstone County to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in county government.

Position Title _____

How did you **first** learn of this position?

- Newspaper A County employee
 Montana Job Service Posted in a County office
 A referral/assistance organization Internet
 Other (specify) _____

Date of Birth (month/day/year): _____/_____/_____

- Male Female

RACE/ETHNICITY - Please check the ONE box that best describes your race/ethnicity:

- WHITE (not of Hispanic origin) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 SPANISH (HISPANIC) - A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of race.
 AMERICAN INDIAN or ALASKAN NATIVE - A person having origins in any of the original peoples of North North American who maintains cultural identification through tribal affiliation or community recognition.
 ASIAN or PACIFIC ISLANDER - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippines, and Samoa.
 BLACK (not of Hispanic origin) - A person having origins in one of the black racial groups of Africa.

VETERAN STATUS

Check the box(es) that describe your veteran status:

- Vietnam Era Veteran
 Veteran of Other War Era _____
 Other Veteran
 Disabled Veteran
 Not a Veteran

DISABILITY STATUS

- If applicable, check any disability you have: hearing impairment visual impairment
 mobility impairment mental impairment
 multiple disabilities other _____

Do you have certification from the Department of Social & Rehabilitation Services for Handicapped Persons' Employment Preference? YES NO