LAKE COUNTY SHERIFF'S OFFICE

DONALD R. BELL — **SHERIFF/CORONER**

JAMES R. ATKINS — **UNDERSHERIFF**

106 Fourth Avenue East, Polson, Montana 59860 Phone: 406-883-7301 Fax: 406-883-7305

APPLICATION DOCUMENT CHECKLIST

DOCUMENT		SPECIAL NOTES
Cover Letter	Provided by Applicant	
Resume	Provided by Applicant	
Employment Application	Included in Packet	
Release Authorization	Included in Packet	
Driver's License	Provided by Applicant	Photo Copy
Social Security Card	Provided by Applicant	Photo Copy
GED Certificate or High School Diploma	Provided by Applicant	
Reference List	Included in Packet	
Certificate of Penalty	Included in Packet	

If application is submitted with any of the above not present, the application will be considered incomplete.

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 _____
   Last *First* *MI*

2. Social Security Number _____

3. Address _____
   Street

   _____
   City *State* *Zip Code*

4. Phone No. (____) _____ (____) _____
   Work *Home*

5. 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 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: _____

B. Received:

[ ] Diploma or Equivalency Certificate

[ ] None - If "NONE", Highest Grade Completed _____

C. Address of High School Awarding Diploma or Equivalency Certificate:

_____

_____

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

E.

Other Schools or Training Which Helps You Qualify Name, Location	Dates Attended	Did You Complete?	Title/Description of Course	Total Hours

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

8. SPECIAL SKILLS – Check the skills you possess. Specify speed/errors where requested.

[ ] Typing ____/____

[ ] Accident Investigation

[ ] Computer Software _____

[ ] Computer Languages (specify) _____

[ ] 10 Code

[ ] Legal Terminology

[ ] Medical Terminology

[ ] Photo Skills

[ ] Other (*List in Section #11 of this form)*

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

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: _____

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)

_____

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Reason for Leaving: _____

ADDITIONAL EMPLOYMENT EXPERIENCE

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)

_____

_____

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_____

_____

Reason for Leaving: _____

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: _____

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: _____

11. **CONTINUATION / EXPLANATIONS (refer to the item number being continued or explained)**

Item # _____

12. **LIST ANY CRIMINAL CONVICTIONS YOU HAVE HAD AS AN ADULT**

PD-25A(12-93)

EMPLOYMENT PREFERENCE FORM

Name _____ **Social Security Number** _____

Position Applied For _____

Job Title **Position No.** **Department Name**

To claim preference under the **Montana Veterans' Employment Preference Act** or the **Montana Handicapped Persons' 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 provide the applicant employment preference. Applicants hired by the state will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. 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
   2. you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

   ❑ **A Disabled Veteran,** if
   1. you have been separated under honorable conditions from active 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 Handicapped Persons' Employment Preference** you must be (check one of the boxes below):

   ❑ **A person with a disability** certified by SRS, OR

   ❑ **The spouse** of a totally (100%) disabled person certified by SRS, AND
   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 the preference request.**

   ❑ DD-214 ❑ SRS Certification ❑ Other _____
   (Specify)

SIGNATURE _____ DATE SIGNED _____

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AUTHORIZATION TO RELEASE INFORMATION

Applicant Name (Print):_____
Social Security Number:_____
Date of Birth:_____

Thank you for applying for a position with the Lake County Sheriff's Office. As part of the application review process, Lake County and its agents accomplish the following:

1. Contact references that you have listed on the reference page; including current and previous employers
2. Complete a computerized criminal background check
3. Complete a fingerprint based criminal history check

The following information is required in order to complete the computerized and fingerprint based criminal history checks:

1. List any alias names used (maiden names, etc)

_____

I consent and authorize the Lake County Sheriff's Office, and its agents and employee, to contact references I have listed on my application, and conduct a computerized criminal history check and conduct a fingerprint based criminal history check.

_____ _____
Applicant's Signature Date

Subscribed and sworn to before me on the _____ day of _____, 20____.

_____
Notary Signature

_____
Printed or Typed Notary Name

SEAL

Notary Public for the State of _____
Residing in _____
My Commission Expires _____

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CHARACTER REFERENCES

The following references are not current or previous employers, nor are they family members. These references have known me for at least five years and are able to comment on my character (Three references are required, but you may list more if you so choose):

NAME ADDRESS PHONE #

1._____

The above reference knows me through;_____

2._____

The above reference knows me through;_____

3._____

The above reference knows me through;_____

4._____

The above reference knows me through;_____

5._____

The above reference knows me through;_____

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CERTIFICATION OF PENALTY

I hereby declare that all statements and information provided by me to the Lake County Sheriff's Office during all phases of my pre-offer background investigation, and in all other pre-offer screening processes are true and complete to the best of my knowledge and belief. I understand that any misstatements of material fact, willful omission of material fact or willful deception will be cause for disqualification and rejection without appeal as a candidate for the position or Reserve Deputy Sheriff or any other employment position within the Lake County Sheriff's Office. I fully understand that any misstatements, omissions or deceptions made by me that may be discovered after such time as I may be a part of the Lake County Sheriff's Office are grounds for disciplinary action, up to and including termination of employment.

_____ _____

Signature of Applicant Date Signed

Subscribed and sworn to before me on the _____day of _____, 20_____.

_____

Notary Signature

_____

Typed or Printed Notary Name

SEAL

Notary Public for the State of _____

Residing at_____

My Commission Expires_____