

# **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 \_\_\_\_\_

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**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** \_\_\_\_\_

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**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** \_\_\_\_\_

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**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 \_\_\_\_\_

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**CRIMINAL CONVICTIONS (List any criminal convictions you have had as an adult.)**

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**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

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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**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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 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 AND WAIVER**

TO: \_\_\_\_\_  
(Name of individual or entity from whom Dillon Police Dept. requests information-make copies as necessary)

As an applicant for a position with the Dillon Police Department, I understand I am required to furnish information for use in determining my qualifications and suitability for employment. I understand this will include a review of my driving and criminal history records. The information submitted to this agency is confidential. A thorough background investigation is deemed an occupational necessity due to requirements set forth by MCA 7-32-303.

I hereby authorize the representative of DILLON POLICE DEPARTMENT, or MONTANA POST bearing this release, or a copy thereof, within one year of its date, to obtain any information pertaining to my employment or educational records including, but not limited to, academic achievement, attendance, personal history, performance reports, background investigations and disciplinary records. I authorize 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 to DILLON POLICE DEPARTMENT, or MONTANA POST any and all information they may have concerning me.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of DILLON POLICE DEPARTMENT and MONTANA POST. I further understand that I waive any right or opportunity, now and in the future, to read, review or otherwise discover the contents of this investigation and all documents related thereto.

I hereby release the agency with which I am seeking employment and any organization, company, institution or person furnishing information to that agency from any liability or damage which may result from furnishing the information requested.  
**PRINT LEGIBLY**

\_\_\_\_\_  
(Printed full name)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

+++++  
**(For Office Use Only)**

I CERTIFY THAT I HAVE COMPLETED THE FOLLOWING:  CJIN/NCIC QUERY  iii Driving History Check

\_\_\_\_\_  
Police Representative

\_\_\_\_\_  
Date

FINGERPRINT BACKGROUND CHECK

\_\_\_\_\_  
Police Representative  
[PLEASE PRINT LEGIBLY]

\_\_\_\_\_  
Date

State of Montana  
County of \_\_\_\_\_

This record was signed and sworn to before me on \_\_\_\_\_ by \_\_\_\_\_  
*Print name of signer(s)*

\_\_\_\_\_  
*Notary Signature*

Affix seal/stamp as close to  
signature as possible.

Full Legal Name: \_\_\_\_\_

Any other names you have used: \_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_ Issued By (state): \_\_\_\_\_

List the states in which you had a driver's license issued: \_\_\_\_\_

\_\_\_\_\_

States in which you have resided or worked since age 18: \_\_\_\_\_

\_\_\_\_\_

List any misdemeanor convictions (City, State, Date, Offense): \_\_\_\_\_

\_\_\_\_\_

List any felony convictions (City, State, Date, Offense): \_\_\_\_\_

\_\_\_\_\_

List any Driving Under the Influence convictions (Location, Date): \_\_\_\_\_

\_\_\_\_\_

List any traffic accidents you were involved in during the last 5 years (Provide Details):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Any misrepresentation or omission will result in your being disqualified from the recruitment.***