

Phillips County Sheriff's Office
Application for Employment

The Phillips County Sheriff's Office is an equal opportunity employer. Auxiliary aids and services are available upon request to individuals with disabilities.

The information contained on this form is sought in Good Faith. It will not be used in any way to discriminate against any applicant 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 15 on page 6 of this form may be used to continue or explain answers or provide other information relative to your qualifications or availability.

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

1. Name: _____ Last First MI	6. This section must be completed for each position you apply for Job Title _____ Date you are available to start work _____
2. Address: _____ Street _____ Mailing _____ City State Zip Code	7. If required for this position: Do you have a valid driver's license? _____ License #: _____ State of issue: _____
3. Phone #: _____ Work Home _____ Cell	8. Are you willing to accept: _____ Full-time _____ Part-time _____ Temporary _____ On Call _____ Day Shift _____ Other than day shift _____ Rotating Shifts
4. Social Security Number: _____ - _____ - _____	
5. Email address: _____	

This agency is committed to making reasonable accommodations to any known disability that may interfere with an applicants 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.

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9. 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 Earned (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 _____

10. 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 _____

11. SPECIAL SKILLS (Check the skills you possess. Specify speed/errors where requested)

Typing _____ / _____ 10 Code _____ Legal Terminology _____ Medical Terminology _____

Computer Software _____

Computer Languages _____

Other _____

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

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13. EQUIPMENT (List types of equipment you can operate and specify the name or model you have used such as radio equipment, computers, video equipment, etc.)

14. 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 _____ 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 _____ 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 _____ Phone number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, and accomplishments)

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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 _____ 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 _____ Phone number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, and accomplishments)

Reason for Leaving _____

15. CONTINUATION/EXPLANATIONS (refer to item # being continued or explained)

16. I hereby certify that all information on this document is true, correct, and complete to the best of my knowledge and contains no willful falsification or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

SIGNATURE: _____ DATE SIGNED: _____

17. PERSONAL REFERENCES

Name	Phone Number
1. _____	
2. _____	
3. _____	

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 (DPHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check on of the selections 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 on 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.

(continued on next page)

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2. To claim **Montana Persons with Disabilities Employment Preference** you must be (check one of the selections below):

A person with a disability certified by DPHHS, **OR**

The spouse of a totally (100%) disabled person certified by DPHHS **AND HAVE** resided continuously in Montana for at least 1 year immediately before applying for employment

3. In the selection 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 adjutant General of the Montana National Guard certifying service

SIGNATURE _____ DATE SIGNED _____

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APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires employers to "make and keep records relevant to the determination 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 application survey will be separated from your applications. The survey information will be kept confidential, used only for statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices of the employer.

Name _____ Social Security Number ____ / ____ / _____

Job Applied for: Job Title _____

How did you first learn of this position?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Community organization |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Job Service |
| <input type="checkbox"/> Female, minority, or disabled referral organization | <input type="checkbox"/> Other (specify) |

MALE FEMALE DATE OF BIRTH ____ / ____ / _____

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.

BLACK (Not of Hispanic origin)

A person having origins in one of the black racial groups of Africa.

SPANISH (Hispanic)

A person having origins in Mexican, Puerto Rican, Cuban, Central American or other Spanish Cultures.

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 example, China, India, Japan, Korea, the Phillipines, and Samoa.

AMERICAN INDIAN OR ALASKAN NATIVE

A person having origins in any of the original peoples of North America who maintains cultural identifications through tribal affiliation or community recognition.

VETERAN OR HANDICAPPED STATUS

1. HANDICAPPED: YES NO

- | | | |
|---|--|--|
| If "yes" check any major disability you have: | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Visual impairment |
| | <input type="checkbox"/> Mobility impairment | <input type="checkbox"/> Mental impairment |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Multiple impairment |

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APPLICANT SURVEY (continued)

2. Check the one item that best describes your veteran status:

- Disabled Vietnam Era Veteran
- Vietnam Era Veteran
- Disabled Veteran of other Campaign/War Era
- Veteran of other Campaign/War Era
- Other disabled Veteran
- Veteran of the Persian Gulf War
- Other Veteran

3. Check the item that best describes your status as a preference relative:

- Spouse of a disabled veteran
- Un-remarried surviving spouse of a veteran or disabled veteran
- Mother of a veteran
- Spouse of totally (100%) disabled person

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

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AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant: _____
Please print your full name

Date of Birth: _____ Social Security Number: _____

As an applicant for a position with the Phillips County Sheriff's Office, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release 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 the 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 Phillips County Sheriff's Office any and all information they may have concerning me.

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 purposed, 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: _____
**** SIGNATURE MUST BE NOTARIZED ****

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

Notary Public Signature

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant for employment with the Phillips County Sheriff's Office, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Phillips County Sheriff's Office and their officers, agents, or assigns, now and in the future, from any claim or damages in law inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20 ____.

Signature of Applicant

**** SIGNATURE MUST BE NOTARIZED ****

Subscribed and Sworn to before me the _____ day of

_____, 20 ____.

Notary Public in and for said County of _____.

State of _____.

Notary Public Signature