

BIG HORN COUNTY

121 West Third Street
PO Box 908
Hardin, MT 59034



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PUBLIC SAFETY

1. Please type or print this application using blue or black ink.
2. Please complete application in full. If a question does not apply, please write "N/A"
3. Attach additional sheets if necessary.
4. If you have any questions, please phone (406)665-9735.

5. Mail completed application to:

Big Horn County Human Resources
PO Box 908
Hardin, MT 59034

Or deliver completed application to:

Big Horn County Courthouse
Human Resources Office
Room 302 - Third Floor

Position applying for:

Recruitment No.:

PERSONAL INFORMATION

1. Name:

Last name	First name	Middle Name

2. List other names, if any, that you have used in the past:

3. Mailing Address:

Street Address or PO Box

City State Zip Code

4. Contact Numbers

Home: Cell: Work:

5. Type of Employment Desired - Place X in the box of all that apply

Full Time Part Time

FTE: 40 hrs per week PTE (less than 40 hrs/week)

Seasonal Intermittent

6. Date Available:

7. Are you 18 years or older?

Yes No

7. Are you a United States Citizen?

Yes No

8. Are you related to any person currently employed by Big Horn County?

Yes No

If yes, please identify them by name and relationship.

GENERAL INFORMATION

9. Drivers' License: Do you have a valid Drivers' License? Yes No If yes, State:

If you have a drivers' license issued from a state other than Montana, please include a Motor Vehicle Driving Record report from the state the driver's license was issued.

10. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

If "Yes", please explain: _____

11. CRIMINAL CONVICTIONS

Have you ever been convicted of a felony? Yes No

If "Yes" describe in full giving dates: _____

List any criminal or traffic convictions you have had as an adult: (use section 20 if necessary)

12. EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed (Circle)				Did you Graduate? (Circle)		List Diploma or Degree
			1	2	3	4	YES	NO	
High School			1	2	3	4	YES	NO	GED
College/University			1	2	3	4	YES	NO	
College/University			1	2	3	4	YES	NO	
Other (Specify)									

13. Additional job-related skills, qualifications, licenses or certifications: _____

14.

EMPLOYMENT HISTORY

Begin with your present and/or most recent work experience. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If you need additional space, please continue on a separate sheet of paper using the format below. **THIS INFORMATION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.**

We may contact the employers listed unless you indicate those you do not want us to contact:

PLEASE DO NOT CONTACT: (Employer Number(s)) _____

Reason: _____

1 Name & Complete Address of Employer	_____

Your Job Title: _____ Type of Business: _____

Immediate Supervisor: _____ Dates Employed: _____ to _____

Phone Number: _____ Reason for leaving: _____

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

2 Name & Complete Address of Employer	_____

Your Job Title: _____ Type of Business: _____

Immediate Supervisor: _____ Dates Employed: _____ to _____

Phone Number: _____ Reason for leaving: _____

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

3 Name & Complete Address of Employer	_____

Your Job Title: _____ Type of Business: _____

Immediate Supervisor: _____ Dates Employed: _____ to _____

Phone Number: _____ Reason for leaving: _____

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

4 Name & Complete Address of Employer	

Your Job Title: _____ Type of Business: _____

Immediate Supervisor: _____ Dates Employed: _____ to _____

Phone Number: _____ Reason for leaving: _____

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

5 Name & Complete Address of Employer	

Your Job Title: _____ Type of Business: _____

Immediate Supervisor: _____ Dates Employed: _____ to _____

Phone Number: _____ Reason for leaving: _____

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

6 Name & Complete Address of Employer	

Your Job Title: _____ Type of Business: _____

Immediate Supervisor: _____ Dates Employed: _____ to _____

Phone Number: _____ Reason for leaving: _____

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

15. RELEVANT SKILLS, PROFESSIONAL LICENSES, OTHER TRAINING

Describe any skills, specialized training, professional licenses or certificates relevant to this position: _____

19.

REFERENCES

Please list the names, addresses and phone numbers of three (3) persons who have knowledge of your experience, abilities and character as they may relate to this job.

1	Name
	Address
	City, State, Zip
	Phone Number
2	Name
	Address
	City, State, Zip
	Phone Number
3	Name
	Address
	City, State, Zip
	Phone Number

20.

CONTINUATION / EXPLANATIONS

List the item number being continued or explained with explanation:

21.

BIG HORN COUNTY IS A DRUG & ALCOHOL-FREE WORKPLACE

The county requires all employees to participate in Drug and Alcohol Testing. Employees will be tested for Pre-employment, Accident and Reasonable Suspicion. Employees required by Department of Transportation regulations are also randomly tested. I understand that these screening tests are required during my employment with the county.

Applicant Initials

22.

PLEASE READ THE FOLLOWING CAREFULLY, SIGN & DATE THE APPLICATION:

I understand that falsification, misrepresentation or omission of information is sufficient cause for rejection of this application, or if hired, dismissal from employment.

I grant permission that authorities of Big Horn County may contact my references, former employers, educational institutions or any other entities or agencies listed regarding this application. I further release said County, as well as my former employers, from any and all liability resulting from these reference checks.

Applicant Signature

Date

BIG HORN COUNTY EMPLOYMENT PREFERENCE FORM

To claim preference as a qualified Veteran or Person with Disabilities, in accordance with Montana law you must complete this form and return it with qualifying documents and your application by the posted closing date. A separate application must be completed for each position for which you wish to be considered. **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. Contact the Big Horn County Human Resources Office 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.

I AM NOT CLAIMING PREFERENCE

Signature:

Date:

***** OR *****

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** you 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 six (6) years service in the armed forces, the last three (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 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 lost his or her life 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 one (1) year immediately before applying for employment.

3. NOTE: **IF YOU CLAIM PREFERENCE, DOCUMENTATION MUST BE ATTACHED.** Please check which attachments you have included:

DD-214 showing the character of the 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.

I HEREBY CERTIFY that information provided above is true and complete to the best of my knowledge. I am aware that falsification or misrepresentation is grounds for dismissal or disqualification from employment.

Signature

Date

BIG HORN COUNTY SHERIFF'S OFFICE

I am an applicant for a position with the Big Horn County Sheriff's Office. As such, I am required to furnish information which Big Horn 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 Big Horn County and any organization, company, institution or person furnishing information to Big Horn County, as expressly authorized above, from any and all liability for damage which may result from furnishing the information requested.

Signature

Date

Print full name

Street Address

Mailing Address

City

State

Zip Code

Date of Birth

Social Security Number

Place of Birth

City

State

PRE-EMPLOYMENT AUTHORIZATION AND RELEASE

(Complete one form per employer)

TO: I, _____, am an applicant for a position as a licensed peace officer or for a position leading to employment as a licensed peace officer with the Big Horn County Sheriff's Office. A thorough investigation of my employment background and personal history is being conducted to evaluate my qualifications and suitability for employment as a licensed peace officer.

I hereby authorize any representative of the Big Horn County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the above described law enforcement agency, whether said records are of public, private, or confidential in nature.

The intent of this authorization is to give my informed consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access of all information maintained by you for the specific purpose of pursuing a background investigation that may provide pertinent data for the above described law enforcement agency to consider in determining my suitability for employment as a licensed peace officer. It is my intent to provide access to all information however personal and confidential it may appear to be.

I consent to your release and photocopying of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances, filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed. I specifically consent to and authorize you to provide photocopies of any Polygraph Reports, Recording Tapes or Written Reports in your possession, which concern me to the above described law enforcement agency.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release any custodian of such records, including the officers, employees and agents of any custodian, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of a representative of the above described law enforcement agency regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 and, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the above described law enforcement agency in conjunction with employment procedures. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless any person to whom this request is presented and his/her agents and employees, for and against all claims, damages losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I realize that the Big Horn County Sheriff's Office will not release the background information obtained to any person, including myself. I hereby knowingly, intelligently and voluntarily waive my rights to obtain this information at any time in the future.

Signature: _____ Date: _____

Current Address: _____ State: _____ Zip Code: _____

Phone Number – Day: _____ Evening: _____

State of _____
County of _____

Signed and sworn to before me on _____ by _____
(print name of signer)

Notary Signature

(Montana notaries must complete the following, if not part of stamp.)

Printed Name
Notary Public for the State of _____
Residing at _____
My Commission expires: _____, 20 _____

Affix seal/stamp as close to
Signature as possible.



Personal Information Express Consent Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity. Complete this form if you have checked the first box of the **Intended Use** portion of Section 1 on the Release of Driving Records form (34-0100).

Name: _____
Print Full Name

Driver's License #: _____ Date of Birth: _____

Residing at: _____
Street City State Zip Code

I hereby authorize the Department of Justice to release my:

Driving Record Vehicle Record

To the following individual and/or company:

Name: BIG HORN COUNTY
Print Full Name

Address: 121 WEST THIRD STREET, PO BOX 908 HARDIN MT 59034
Street City State Zip Code

I certify under the penalty of law (**MCA 45-7-203 Unsworn Falsification to Authorities**) that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature: _____
This is my legal signature Date

Printed name: _____