

BIG HORN COUNTY

121 3rd Street West
P.O. Box 908
Hardin, MT 59034



EMPLOYMENT APPLICATION

An Equal Opportunity Employer*

PUBLIC SAFETY - SHERIFF'S OFFICE

- IMPORTANT:** Read application carefully. Type or print this application using blue or black ink.
- Complete the application in full. LATE, INCOMPLETE (including those that do not follow instructions) or UNSIGNED applications will not be considered.
- Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. For the County to consider any such accommodation, the applicant must make known any needed accommodation.
- Attach additional sheets and/or supplemental information as necessary or as required in the recruitment bulletin for the position.
- If you have any questions, phone (406) 665-9735 or email rjohnson@bighorncountymt.gov.

*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 and federal law.

5. Mail completed application to:

Big Horn County Human Resources
P.O. Box 908
Hardin, MT 59034

OR

Deliver completed application to:

Big Horn County Courthouse
121 3rd St W, Hardin
Human Resources Office, Room 302 (Third Floor)

Must be completed

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 P.O. Box

City	State	Zip Code

4. Contact Numbers:

Home:	Mobile/Cell:
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5. Email Address:

6. Type of Employment Desired (place X in the box of all that apply):

Full-time	Part-time
<small>Full-time: at least 40 hrs. per week</small>	<small>Part-time: less than 40 hrs. per week</small>
All shifts? (circle) <small>(including nights, weekends, holidays & rotating shifts)</small>	Seasonal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Intermittent
	<small>Intermittent: as needed, without regular schedule</small>

7. Date Available:

8. Are you 18 years or older? (circle)

Yes	No
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9. Are you a United States citizen or legally eligible for employment in the United States? (circle)

Yes	No
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(If offered employment, you will be required to provide documentation to verify eligibility)

10. Are you related to any person currently employed by Big Horn County? (circle)

Yes	No
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If yes, identify your relative(s) by name and relationship: _____

GENERAL INFORMATION

11. Driver License: Do you have a valid driver license?	Yes	No	If yes, U.S. state of issue: _____
NOTE: If you have - or have had in the past three (3) years - a driver license issued from a state other than Montana, attach a Motor Vehicle Driving Record report from the state the driver license was issued.			

12. Have you ever been denied issuance of a driver license or have you ever had a license suspended or revoked? (circle)
 (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment)

Yes	No
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If yes, explain: _____

13. CRIMINAL CONVICTIONS

Have you ever been convicted of a felony?	Yes	No	(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment)
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If yes, describe in full, giving dates: _____

List any criminal or traffic convictions as an adult (answer will not automatically disqualify you from being considered as a candidate for employment):

14. EDUCATION

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

15. List current professional licenses, registrations or certifications: _____

16.

EMPLOYMENT HISTORY

List your employment in reverse chronological order (begin with your present and/or most recent work experience) for at least the last seven (7) years (include additional years if relevant to the job for which you are applying). Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. List reasons for periods of unemployment. If you need additional space, continue on separate sheet(s) of paper using the format below. **THE INFORMATION BELOW MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED.**

We may contact the employers listed below, unless you indicate those employers you do not want us to contact.

PLEASE DO NOT CONTACT (employer number(s) below): _____

Reason(s): _____

1 Name & Complete Address of Employer	_____

Your Job Title: _____ Type of Business: _____

Immediate Supervisor: _____ Dates Employed: _____ to _____

Phone Number: _____ Type of Employment (circle): Full-time Part-time Volunteer

Email Address: _____ Reason for leaving: _____

Describe your duties (including 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: _____ Type of Employment (circle): Full-time Part-time Volunteer

Email Address: _____ Reason for leaving: _____

Describe your duties (including 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: _____ Type of Employment (circle): Full-time Part-time Volunteer

Email Address: _____ Reason for leaving: _____

Describe your duties (including 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: _____	Type of Employment (circle): Full-time Part-time Volunteer
Email Address: _____	Reason for leaving: _____
Describe your duties (including 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: _____	Type of Employment (circle): Full-time Part-time Volunteer
Email Address: _____	Reason for leaving: _____
Describe your duties (including 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: _____	Type of Employment (circle): Full-time Part-time Volunteer
Email Address: _____	Reason for leaving: _____
Describe your duties (including knowledge, skills, abilities required, employees you supervised, accomplishments): _____	

17.	KNOWLEDGE, SKILLS, EXPERIENCE AND ABILITIES
List other skills, education, experience and abilities relevant to the job for which you are applying (such as computer skills, equipment you know how to use, etc. May also list skills from volunteer work such as Habitat for Humanity or from professional organizations like Toastmasters):	

18. **OTHER SIGNIFICANT INCIDENTS**

Are there any significant incidents in your life, not mentioned herein, or have you ever been involved in circumstances which either may reflect upon your moral character or your suitability to perform the duties you may be called upon to take?

Yes No

If yes, explain fully the circumstances and details (date and time) of each incident (use additional sheets if necessary): _____

19. **RESIDENCES**

List all residences for the past ten (10) years, in reverse chronological order (beginning with your present address):

Dates:	From	To	Street	City	State	Zip Code

20. **REFERENCES**

List the names, addresses, email addresses and phone numbers of three (3) persons who have knowledge of your experience, abilities and character as may relate to this job:

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

Big Horn 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 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.

My signature below certifies that all information on this application and all attached pages are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations.

I understand that falsification, misrepresentation or omission of information is sufficient cause for rejection of this application and may disqualify me from consideration for employment with the County, or if hired, may be grounds for discharge (termination) from employment at a later date.

I further understand that all information on this application is subject to verification and I consent to criminal history/driving background checks for applicable positions.

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.

I further 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

Name: First

Middle

Last

Address

City

State

Zip Code

Social Security Number

Date of Birth

23. **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 (DPHHS), for details on obtaining Persons With Disabilities Preference certification. **SIGN ONE BOX BELOW.**

I AM NOT CLAIMING PREFERENCE

Applicant Signature

Date

***** OR *****

I AM CLAIMING PREFERENCE

1. To claim **VETERANS' EMPLOYMENT PREFERENCE**, you must be a U.S. Citizen and be (check one box below):

- A. **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.
- B. **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.
- C. **The spouse of a disabled veteran**, if the veteran's disability prevents him/her from working.
- D. **The unremarried surviving spouse** of a veteran or disabled veteran.
- E. **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 box 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 one (1) year immediately before applying for employment.

3. **IF YOU CLAIM PREFERENCE, DOCUMENTATION MUST BE ATTACHED.** Check which attachment(s) you included with this application:

- DD-214 showing the character of military 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

I HEREBY CERTIFY that information provided above regarding my claim of preference 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.

Applicant Signature

Date

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Driving Record Request

P.O. Box 201430, Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816 • www.dojmt.gov • DriverLicense@mt.gov
Please **PRINT**.

Complete all yellow shaded areas (front and back) and sign.

1. Requested Information

[3] A. Your Driving Record.

[3] B. Another Person's Driving Record.

Intended Use: To be completed if you checked B above.

[1] For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions. You must complete "Consent to Release Driving Record to Another Person or Entity" on next page.

[2] For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

[4] With written consent of the individual(s) who is the subject(s) of this search – The Personal Information Express Consent form on page two must be completed.

[5] For use as part of a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, pursuant to an order of any court.

[6] For use by an insurer, insurance support agency, or self-insured entity in connection with the investigation of claims, antifraud activities, ratemaking, or underwriting.

[7] For use by a licensed private investigator or security service for any purpose authorized under Montana law.

[8] For use by an employer or its agent to verify information related to a holder of a commercial driver license required under federal or Montana law.

[9] For use in providing notice to the owners of towed, abandoned, or impounded vehicles.

[10] For use by a parent of a child under 18 years of age.

[11] For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana law.
Describe other use _____

2. Requestor Information

Name of Requestor: Rhonda Johnson

Employer/Company: (if applicable) Big Horn County

Mailing Address: P.O. Box 908 City: Hardin State: MT Zip: 59034

Residential Address: 121 3rd St. W. City: Hardin State: MT Zip: 59034

Daytime Phone #: 406-665-9735 Fax #: 406-665-9706 Driver License #: 07XXXXXXX4101 State: MT

3. Search Information: This section must be complete.

Full Name: _____

Date of Birth: _____

Driver License #: _____

4. Driving Records Fees
Make checks payable to: Motor Vehicle Division

Driving record=\$4.12 per record

Certified driving record=\$10.30 per record *cannot be faxed*

Mail record=\$3.09 extra per mailing (unless self-addressed, stamped envelope is included)

Fax record=\$3.09 for the first five pages, \$1.03 for each additional page (provide your fax number in section 2 above)

Total = \$ 0.00

5. Certification

I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities):

- I have read the Montana Driver Privacy Protection Act, §61-11-501 through 61-11-516, Montana Code Annotated, and understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature of requestor:

Printed Name: Rhonda Johnson Date: 2019

~~OVER~~



Consent to Release Driving Record & Non-identifiable Personal Information Request

P.O. Box 201430, Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816 • www.dojmt.gov • DriverLicense@mt.gov
Please **PRINT**.

This form authorizes the Department of Justice, Motor Vehicle Division, to release my driving record to another person or entity.

Name on Driving Record: _____

Driver License #: _____

Date of Birth: _____

Residing at: _____

I hereby authorize the Department of Justice to release my driving record to the following individual or entity:

Name: _____

Address: _____
Street City State Zip

I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities):

- I have read the Montana Driver Protection Act, § 61-11-501 through 61-11-516, Montana Code Annotated, and understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature: **X** _____
This is my legal signature

Printed Name: _____ Date: _____