

**STANDARD APPLICATION FOR POSITION OF RESERVE DEPUTY
LEWIS AND CLARK COUNTY SHERIFF'S OFFICE**

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. Applications are due no later than close of business, June 7th, 2019. Applications can be mailed to; Lewis and Clark County Sheriff's Office, Attention Reserve Program, 406 Fuller Ave, Helena, MT 59601. They may also be left at the records office at the same address.

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	_____		
		<i>Last</i>	<i>First</i>	<i>MI</i>
2.	Social Security Number	_____		
3.	Address	_____		
		<i>Street</i>		

		<i>City</i>	<i>State</i>	<i>Zip Code</i>
4.	Phone No. (____)	_____		
		<i>Work</i>	<i>Home</i>	
5.	E-mail address	_____		
6.	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: _____ C. Address of High School Awarding
 B. Received: _____ Diploma or Equivalency Certificate:
 Diploma or Equivalency Certificate _____
 None - If "NONE", Highest Grade Completed _____

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
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E. Other Schools or Training Which Helps You Qualify Name, Location	Dates Attended	Did You Complete?	Title/Description of Course	Total Hours
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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
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8. SPECIAL SKILLS -- Check the skills you possess. Specify speed/errors where requested.

Typing _____ / _____ 10 Code Medical Terminology
 Accident Investigation Legal Terminology Photo Skills
 Computer Software _____ Other (List in Section #11 of this
form)
 Computer Languages (specify) _____

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.

ADDITIONAL EMPLOYMENT EXPERIENCE

NAME & 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: _____

NAME & 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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NAME & 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: _____

Authorization to Release Information

FOR OFFICE USE ONLY

Name of Applicant: _____
Print full name

Birth Date: _____ Social Security Number _____
Month Day Year

Driver's License Number _____ Issuing State _____

Position (Job Title you are applying for) _____

As an applicant for a position with the Lewis and Clark 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 the 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 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 Lewis and Clark 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 that may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, 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: _____

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

_____ signature (seal)
_____ printed name

Notary Public for the State of Montana
Residing in _____, Montana
My commission expires _____

Office Use:

- Is this person a FTE in this facility? _____. (If yes, they must have a CJIN/NCIC and fingerprint background check done and on file, purpose code J background check.) If no, read the following questions.
- (NON-FTE's) Is this person going to have unauthorized access (24/7) to the building? _____ (If yes, they must have a CJIN/NCIC and fingerprint background check done and on file.) Answer the following for purpose codes to use on background checks for these people.
 1. Is this person going to have access or perform work on the CJIN computers themselves? _____ (Their background check should be done with purpose code J)
 2. Is this person going to have access or work on areas in the building other than on CJIN computers (most building vendors)? _____ (Their background check should be done with purpose code C)

**ADDITIONAL INFORMATION
(Required)**

Name: _____

Date of Birth: _____

SSN: _____

3 Character References:

1. **Name** _____
Address _____
Phone _____

2. **Name** _____
Address _____
Phone _____

3. **Name** _____
Address _____
Phone _____

Convictions:

List all arrests and/or convictions for any criminal and traffic offenses. Give dates, places and full details of each incident.

1. _____

2. _____

3. _____

4. _____

**IF YOU ARE DECLARING VETERANS OR DISABLED VETERANS
PREFERENCE PLEASE ENCLOSE A COPY OF YOUR DD214 OR
EQUIVALENT THEREOF.**