

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		Number	City
		Street	State
			Zip Code
Telephone Number(s)		Social Security Number	

Best time to contact you at home is: :..... AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<hr/>	<hr/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<hr/>	<hr/>
WPM <hr/>	WPM <hr/>	<hr/>	<hr/>
		<hr/>	<hr/>

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ YES ☐ NO

REFERENCES

1.	()	
	(Name)	Phone #
	(Address)	
2.	()	
	(Name)	Phone #
	(Address)	
3.	()	
	(Name)	Phone #
	(Address)	



CHOUTEAU COUNTY SHERIFF'S OFFICE

Justin D. Smith – Sheriff | Adam Jacques – Undersheriff

1215 Washington St, Fort Benton Montana 59442 406-622-5451

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____
Please print your full name

Date of Birth _____ SSN# _____

As an applicant for a position with the CHOUTEAU 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 or related 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 CHOUTEAU 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 purposes, as valid as the original. I authorize you to retain a copy of this form in your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____

State of Montana

County of _____

This instrument was acknowledged before me on _____ by _____
Print Name of Signer

Notary Signature

{Montana Notaries must complete the following, if not part of the stamp}

Printed Name

Notary Public for the State of _____

Residing at _____

My Commission Expires: _____, 20__

Affix Seal/Stamp as close to
Signature as Possible



CHOUTEAU COUNTY SHERIFF'S OFFICE

Justin D. Smith – Sheriff

| Adam Jacques – Undersheriff

1215 Washington St, Fort Benton Montana 59442 406-622-5451

CRIMINAL HISTORY AUTHORIZATION

The Chouteau County Sheriff's Office is considering the application of the person named below for employment: as a volunteer or an employee with the Sheriff's Office. Any information relating to a criminal history check, traffic record, or any information you may have as to the character and integrity of the person is requested.

Last Name	First Name	Middle
Other Names Used		
Street Address	City	ST Zip
Date of Birth	Social Security #	Phone #

Have you ever been arrested for, or convicted of a crime, or found guilty in a court-martial proceeding?

()Y ()N

If yes, please complete the following (exceptions: minor traffic violations) Attach additional sheet if necessary.

Date	City	State	Charge
1.			
2.			
3.			

I, _____, the above-named person, do hereby authorize any disclosure of information you may have regarding me, to the office of the Sheriff/Coroner, Chouteau County, Montana.

Signature

Date

NCIC/CJIN RESPONSE: _____

By: _____

ZUERCHER RESPONSE: _____

APPROVED/DENIED: _____

Date: _____

CRIMINAL JUSTICE APPLICANT'S RIGHTS

DOB _____

As an applicant who is the subject of a national fingerprint-based criminal history record check for a criminal justice purpose (such as employment, direct access to confidential criminal justice information, or unescorted physical access), you have certain rights which are discussed below

- You must be provided written notification by Chouteau County Sheriff's Office that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of the federal statute, regulation or executive order, or rule, procedure or standard establishment by the National Crime Prevention and Privacy Compact Council.

You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks>.

If you decided to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same web address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request that agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make and necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)

If a change, correction. Or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Crime Records and Identification Services at dojcriss@mt.gov or [406-444-3625](tel:406-444-3625).

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for criminal justice purposes.

NAME

DATE