

Title: **Police Patrol Officer**

LEWISTOWN, MT 59457

Job Number:

Job Description

Salary: 48,289.50- per Year

Date Taken: 04/28/2021

Hours: 40+ per week

Close Date: Open until filled.

The Lewistown Police Department is now accepting applications for the position of Police Patrol Officer.

The following qualifications must be met by the applicants as stated in Montana Code Annotated, 7-32-303, Peace Officer employment, education, and certification standards, which includes but not limited to the following:

- Be a citizen of the United States.
- Have, or be able to obtain prior to hiring, a valid Montana Drivers License. - Meet minimum age requirements.
- Have High School Diploma or GED
- Must not have a felony conviction on record including deferred and withheld judgements.
- Be of good moral character, as determined by a thorough background investigation.
- Be certified or be eligible for certification as a peace officer by the Montana P.O.S.T. Council or become eligible for certification upon completion of the requirements in M.C.A. 7-32-303.
- Be free of any physical or mental condition that might adversely affect performance of the duties of a peace officer.

Preference will be given to those individuals with Montana P.O.S.T. Council Basic Certificate, and or two years or more of college, and or two years or more of military service with an honorable discharge.

This position includes, but is not limited to, the following basic duties:

This position is involved in law enforcement activities encompassing crime prevention, investigations, making arrests, traffic law enforcement, testifying in court, providing basic police functions and other duties assigned. It requires occasional strenuous physical exertion, contact with undesirable physical conditions, and the proper care and use of safety equipment and procedures to prevent injury. This position will require frequent contact with the public. Applicants must be able to work rotating shifts including night shifts, holiday, and weekends. Applicants must also be available to report for duty on short notice and be able work outside their normally scheduled shifts. There will be a mandatory 1-year probation period.

Starting salary will be \$22.05 per hour, plus 12-hour shift pay, 2190 hours per year for a total of \$48,289.50. If POST certified with three years experience a higher starting salary is available in addition to certificate pay. Shift differential of \$2.00 per hour for night shifts worked. Overtime of time and one half for any time worked over normal scheduled hours, paid holiday time, 120 hours paid vacation, 120 hours

paid holiday per year, 96 hours sick leave per year. Health insurance is provided by the City of Lewistown. Uniforms, including weapon, plus \$600.00 per year uniform maintenance and city contribution to the Police Officers Retirement System is provided. Employees must become members of AFSCME local 1441.

Testing for selected applicants will be held as soon as possible following the closing date. The testing can consist of a written exam, a pass/fail physical abilities test and an oral interview. Only selected applicants will be invited to attend.

Things that must be included with your application are as follows:

- Copy of Birth Certificate
- Copy of high school and college diplomas including transcripts
- All attachments must be signed and returned
- Copy of discharge papers, (DD-214) if applicable
- Any other documents that you feel will help in your selection
- Documentation of a current completed word per minute, one minute typing test

Open until filled.

Benefits

Medical Insurance (95% of employee premium paid by employer), Uniform/equipment allowance, vacation, sick leave, paid holidays, retirement plan, and more.

Referral Instructions

Obtain MT POST Standard Application, Release Forms, and other required documents from Lewistown Job Service. Complete and return with all required materials to your local Job Service (original signatures are required). Open until filled.

Employer Name

CITY OF LEWISTOWN

Police Department

City of Lewistown

*Chief of Police
Cory Birdwell*

*305 W. Watson, Lewistown, MT 59457
Tele: (406) 535-1800 Fax: (406) 535-7407*

*Assistant Chief
Ryan Berry*

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____
Date of Birth _____

As an applicant for a position with the Lewistown Police Department, 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 investigation of 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 Lewistown Police Department 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 for your files.

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

Signature of Applicant _____ Date _____

LETTER OF UNDERSTANDING

LEWISTOWN POLICE DEPARTMENT

POLICE APPLICANT

I am applying for a position with the Lewistown Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that this selection process consists of several different steps.

Step #1 will require me to:

- Pass a written examination. If applicant is POST certified this will be waived.
- Pass a series of Physical requirements. If applicant is POST certified this will be waived.

Step #2 will require me to:

- Pass a Formal Oral Board

Step #3 Background Investigation:

At this point I may receive a Conditional Offer of Employment.

If a Conditional Offer of Employment is received then a background investigation will be conducted.

I understand that I must submit to an extensive background investigation, which consists of the following areas of concern (at a minimum):

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my personal credit / financial report

A Background interview will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment.

Step #4 will require me to successfully complete the following examinations:

- Drug screening test
- Standard medical examination
- Psychological evaluation

The aforementioned tests will be administered in a manner selected by the Lewistown Police Department. I understand that the results of the tests are the property of the agency to which I have applied and that I will **NOT** receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A Hiring Review Board will evaluate **all** tests in light of the requirements of the job along with the previous information and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process **DOES NOT** guarantee employment with the Lewistown Police Department. Only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Lewistown Police Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Lewistown Police Department.

Signature of Applicant _____ Date _____

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

Lewistown Police Department

As an applicant to the Lewistown Police Department for the position of Police Officer, I recognize that an employing law enforcement agency has a legal, as well as moral obligation, to take every reasonable effort to ensure that persons employed by them as Peace Officers conform to the very highest standards.

Therefore, I release and hold harmless the Lewistown Police Department, the City of Lewistown and their officers, agents or assigns, now and in the future, from any claim or damages in law of 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. I do so with full knowledge of the Constitution of the State of Montana, Article II – Section #9 stating:

“Right to Know: No person shall be deprived of the right to examine documents or to observe the deliberations of all public bodies or agencies of the state government and its subdivisions, except in cases in which the demand of individual privacy clearly exceeds the merits of public disclosure.”

Signature of Applicant _____ Date _____

CERTIFICATION AND PENALTY

Lewistown Police Department

I hereby declare that all statements and information provided to the Lewistown Police Department in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, **without appeal**. I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after employment, **without notice and without any right of appeal**.

Signature of Applicant _____ Date _____

STANDARD APPLICATION FOR POSITION OF PEACE OFFICER IN THE STATE OF MONTANA

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.

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

		<i>City State Zip Code</i>
4.	Phone No.	_____
		<i>Work Home</i>
5.	E-mail address	_____
6.	Do you have a valid Driver's License?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: _____

B. Received:

☐ Diploma or Equivalency Certificate

☐ None - If 'NONE', Highest Grade Completed _____

C. Address of High School Awarding
Diploma or Equivalency Certificate:

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
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

E. Other Schools or Training
Which Helps You Qualify
Name, Location

Dates
Attended

Did You
Complete?

Title/Description of Course

Total
Hours

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

_____	_____	_____	_____
_____	_____	_____	_____

8. SPECIAL SKILLS – Check the skills you possess. Specify speed/errors where requested.

☐ Typing _____

☐ 10 Code

☐ Medical Terminology

☐ Accident Investigation

☐ Legal Terminology

☐ Photo Skills

☐ Other (*List in Section #11 of this form*)

☐ Computer Software _____

☐ 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.*

10. **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 if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying. This information must be completed even if a resume is submitted.

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 & ADDRESS of Employer	_____	Type of Business	_____
	_____	Dates Employed Start	_____ End _____
	_____	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 Start	_____ End _____
	_____	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: _____

ADDITIONAL EMPLOYMENT EXPERIENCE

NAME & ADDRESS of Employer	_____	Type of Business	_____
	_____	Dates Employed Start	_____ End _____
	_____	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 Start	_____ End _____
	_____	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 Start	_____ End _____
	_____	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: _____

11. CONTINUATION / EXPLANATIONS (refer to the item number being continued or explained)

Item #

12. LIST ANY CRIMINAL CONVICTIONS YOU HAVE HAD AS AN ADULT

EMPLOYMENT PREFERENCE FORM

Name _____ Social Security Number _____

Position Applied For _____

Job Title	Position No.	Department Name
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To claim preference under the **Montana Veterans' Employment Preference Act** or the **Montana Handicapped Persons' 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 provide the applicant employment preference. Applicants hired by the state will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. 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
2. you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

☐**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 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.

2. To claim **Montana Handicapped Persons' Employment Preference** you must be (check one of the boxes below):

☐**A person with a disability** certified by SRS, OR☐**The spouse** of a totally (100%) disabled person certified by SRS, AND Resided continuously in Montana for at least 1 year immediately before applying for employment.

3. In the box below, check the attachment you have included to document the preference request.

☐ DD-214☐

SRS Certification

☐

Other _____

(Specify)

SIGNATURE _____

DATE SIGNED _____