

**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</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?	<input 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: \_\_\_\_\_ 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

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 \_\_\_\_/\_\_\_\_
- [ ] Accident Investigation
- [ ] Computer Software \_\_\_\_\_
- [ ] Computer Languages (specify) \_\_\_\_\_
- [ ] 10 Code
- [ ] Legal Terminology
- [ ] Medical Terminology
- [ ] Photo Skills
- [ ] Other (*List in Section #11 of this form*)

**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
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\_\_\_\_\_ 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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Reason for Leaving: \_\_\_\_\_



NAME & ADDRESS of Employer
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\_\_\_\_\_ 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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Reason for Leaving: \_\_\_\_\_



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)

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)
Reason for Leaving:



**FLATHEAD COUNTY SHERIFF'S OFFICE  
PHYSICAL FITNESS TEST  
DEPUTY APPLICANTS**

The Flathead County Sheriff Office physical fitness test consists of three areas:

1. Aerobic Capacity
2. Strength
3. Flexibility

These four fitness areas have been shown to be predictive of job performance ratings and sick time for law enforcement officers at 40th percentile of the Cooper fitness test.

You will be required to perform the following:

1. **Sit-Ups** - The score is the number of sit-ups properly performed in one minute.
2. **Push-Ups** - The score is the number of correct push-ups performed in one minute.
3. **Sit and Reach** - The score is the inches reached, with fifteen inches being at the toes and one inch being near your knees.
4. **1.5 Mile Run** - The score is in minutes and seconds

The applicant must pass every test using the performance requirements below:

	Males					Females			
Sit-ups	38	35	29	24		32	25	20	14
Push-ups		29	24	18	13		15	11	9
					Modified P.U.	23	19	13	12
1.5 Mile Run	12:29	12:53	13:50	15:14		15:05	15:56	17:11	19:10
Sit & Reach	16.5	15.5	14.3	13.3		19.3	18.3	17.3	16.8
						* Must do Modified Push Ups			

**WAIVER OF RESPONSIBILITY**

I, \_\_\_\_\_, understand that as part of my application process, I will be required to participate in a strenuous physical fitness test. I hereby agree that I will not hold the Flathead County Sheriffs Office or its representatives liable for any injury or damages that may be the result of my participation in this test.

**OR**

I have called MBCC and my scores for the written \_\_\_ and / or the physical \_\_\_ tests will be forwarded by MBCC.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**RELEASE FOR INFORMATION**

**TO WHOM IT MAY CONCERN**

I have applied for a position with the Flathead County Sheriffs Office. In connection with that application, I hereby authorize the Flathead County Sheriffs Office to obtain any records available which refer to my credit history, educational background, medical and mental health history, military service and criminal history.

I hereby authorize any person or agency which receives this release from the Flathead County Sheriffs Office, to release any information concerning me that is maintained in said persons or agencies files including information of a confidential or privileged nature. I hereby release any person or agency which releases such information to the Flathead County Sheriffs Office, and the Flathead County Sheriffs Office from any liability or damage which may result from furnishing the information requested.

I understand that any information discovered or communicated to the investigator or agent conducting this background investigation suggesting possible criminal behavior shall be promptly communicated to the appropriate jurisdictional investigating agency.

I authorize and release any and all information related to any agreement, understanding, memoranda, or contract, verbal or written, and that any previous employer is released from liability for releasing any documents, recordings, images, or digital data related to the factual circumstances of my separation from employment with any previous employer.

Please furnish any information concerning the below named individual to the following address:

Flathead County Sheriff  
800 South Main  
Kalispell, MT 59901

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Place of Birth

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applied For \_\_\_\_\_

Job Title

Position No.

Department Name

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 \_\_\_\_\_