

# ROSEBUD COUNTY APPLICATION FOR PUBLIC SAFETY 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 using the instructions provided on the Deputy Sheriff Applicant Personal History Statement page 1.

**LATE, INCOMPLETE or UNSIGNED applications will NOT be considered.**

This agency is committed to making 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 DISABILITY 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 Public Health and Human 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 Form.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

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

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

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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 consideration for employment or, if hired, may be grounds for termination at a later date.

**EMPLOYERS MAY BE CONTACTED AS REFERENCES.**

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

# EMPLOYMENT PREFERENCE FORM

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

Job Title \_\_\_\_\_ Position No. \_\_\_\_\_ Department Name \_\_\_\_\_

To claim preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public 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 apply employment preference. Applicants hired by the state will have this information placed in a separate confidential selection file. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

1. 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** 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 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

**A Disabled Veteran**, if

1. You have been separated under honorable conditions from military 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 Persons with Disabilities Employment Preference** you must be (check one of the boxes below):

**A person with a disability** certified by DPHHS, **OR**

**The spouse** of a totally (100%) disabled person certified by PHHS **AND have** 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 your eligibility for employment preference.**

- DD-214 showing the character of 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.

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_



# ROSEBUD COUNTY SHERIFF'S OFFICE

Allen Fulton - Sheriff      Bruce Price - Undersheriff

180 South 13<sup>th</sup> Avenue P.O. Box 85  
Forsyth, Montana 59327  
(406) 346-2715 - Fax (406) 346-7397

DEPUTY SHERIFF APPLICANT

PERSONAL HISTORY STATEMENT

## INSTRUCTIONS TO THE APPLICANT

The information you provide in the Personal History Statement will be used to assist in determining your suitability for employment with the Rosebud County Sheriff's Office. An extensive background investigation will be conducted into your personal history prior to any hiring. Your background will be submitted to a Hiring Review Board. If the Board makes a favorable recommendation, you will be given a conditional offer of employment. This initial offer is conditional upon your successful completion of a physical agility test (you must pass or have passed this test within forty-five days prior to the academy start date), a medical examination, a drug screening test, and other tests required by this agency. Based on the results of this final testing and further review by the Hiring Review Board, you may then be offered a position.

Keep in mind that:

1. The completion of this questionnaire is mandatory, as authorized by Montana Code Annotated 7-32-303 and the regulations of the Montana Peace Officers Standards and Training (P.O.S.T.) Commission.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for employment.
4. All time periods in your background, unless otherwise specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding the occurrence, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency. For example, having been fired from a job or having an arrest record may not, in and of itself, disqualify you from consideration for employment. During the investigation, the investigator will inquire into the facts surrounding each occurrence and an evaluation will then be made about the relevance of the facts to the requirements of the position for which you have applied.

Please print your responses to the questionnaire in ink. DO NOT type on this form, and do not have another person make entries for you. If a question does not apply to you write "N/A" in the space provided for your answer. If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number.

Please read the five (5) waivers at the end of this packet carefully and have your signature notarized before returning them to our office.

The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Rosebud County Sheriff's Office or other law enforcement agency in possession of a notarized permission waiver signed by you.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

When complete, return this questionnaire along with all the attachments, to the Rosebud County Sheriff's Office either by mailing it to the address at the top of this letter, or in person at the Sheriff's Office located at 180 S 13<sup>th</sup> Ave.

Any questions you may have regarding the completion of this packet may be addressed by contacting the Sheriff or Undersheriff at 406-346-2715.

I have read and completely understand the above statement.

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Signature of Applicant

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Date

Do not sign this page until the time of your interview with the Investigating Officer for the Rosebud County Sheriff's Office.

The previous statement was verbally read to me. I was given the opportunity to ask questions and have them thoroughly explained to me.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigating Officer/ Background Investigations

## PERSONAL HISTORY STATEMENT

### REQUIRED DOCUMENTS

Attach copies, unless original is requested, of the following documents to this questionnaire. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate those that are attached with a check mark in the space provided.

- \_\_\_\_\_ 1. Signed and notarized release waivers.
- \_\_\_\_\_ 2. High school diploma or GED certificate. (Original or transcripts MUST be received by us in an officially sealed envelope from the school)
- \_\_\_\_\_ 3. Transcripts from colleges or universities. (Original MUST be received by us in an officially sealed envelope from the school)
- \_\_\_\_\_ 4. Military discharge papers. (MUST include discharge status – Long form)
- \_\_\_\_\_ 5. Citizenship or naturalization papers.
- \_\_\_\_\_ 6. Certified copy of your birth certificate. (NO PHOTO COPIES)
- \_\_\_\_\_ 7. All marriage licenses and divorce decrees.
- \_\_\_\_\_ 8. Name change documents.
- \_\_\_\_\_ 9. Peace Officer Standards and Training certificate of graduation from a police academy.
- \_\_\_\_\_ 10. Tax Information Authorization – IRS Form 8821 (included) Section #7 Sign/Date only.

### OPTIONAL DOCUMENTS

- 1. Copies of other certificates, awards or commendations you would like to be considered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. A full-faced photograph of yourself, no smaller than 2.5"x2.5". This photo must have been taken within the last three months. This is not required, but it is of assistance in identifying you during interviews conducted during the background investigations.

***Attach  
Photo  
Here***

PERSONAL INFORMATION

The following information is required of you for verification and contact purposes:

1. Your Name (please print in ink)

\_\_\_\_\_

LAST FIRST MIDDLE

List other names you have used or been know by. Include maiden names, married or adopted names, or nicknames.

\_\_\_\_\_  
\_\_\_\_\_

2. List the physical address of the residence where you live:

\_\_\_\_\_

Number Street City State Zip Code

List your mailing address **if different** than your physical address:

\_\_\_\_\_

3. List telephone number (s) at which you can be contacted and the hours when you will be available at these numbers:

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Pager or Message) \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ ( / / )
- Month Day Year M D Y

5. Place of birth (City and State or Country): \_\_\_\_\_

U.S. citizenship is required for this position. Proof is required showing that you are a legal resident of this country.

6. Social Security Number: \_\_\_\_\_. **In accordance with the Federal Privacy Act of 1974, disclosure is voluntary.** This information will be used for identification purposes to ensure that proper records are obtained.

## PERSONAL HISTORY STATEMENT

### RELATIVES, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job-relevant matters.

7. Please supply the appropriate information in the spaces below. If a category is not applicable, write in "N/A".

Name of your:	Address where person can Be contacted (include City, State and Zip Code)	Phone number at which person can be contacted
Father		
Mother		
Father-in-law		
Mother-in-law		
Spouse		
Former Spouse(s)		
Brothers and Sisters		
Step-father		
Step-mother		
Step-brothers and sisters		
List of offspring: (Please indicate "son" or "daughter" and whether natural, adopted, from another marriage, etc. List current address and phone number as above.)		

RELATIVES, REFERENCES, ACQUAINTANCES (Continued)

8. List as personal or professional references 3-5 individuals who have knowledge of you and your qualifications.

NAME/RELATIONSHIP	ADDRESS	TELEPHONE

9. List individuals with whom you have resided within the past 10 years. List no information prior to your 15<sup>th</sup> birthday. Exclude family members.

NAME	ADDRESS	TELEPHONE

RESIDENCE

10. Please list all of your residences during the last 10 years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address and telephone number. List no information prior to your 15<sup>th</sup> birthday.

ADDRESS	DATES (FROM/TO)	REASON FOR LEAVING	LANDLORD INFORMATION

EDUCATION

11. The Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current status with regard to this requirement by checking the appropriate spaces.

\_\_\_\_\_ I possess a high school diploma.

\_\_\_\_\_ I passed the G.E.D. (General Educational Development) test.

\_\_\_\_\_ I possess the following college degrees (please include name of college and year attained):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. List all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

NAME OF SCHOOL	LOCATION CITY & STATE	DATES OF ATTENDANCE	TEACHER OR REFERENCE

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools.....any formal education beyond the high school level.)

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" , please explain (include school, date and circumstances): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPERIENCE AND EMPLOYMENT

14. Beginning with your most current employment, list all jobs you have held in the past 10 years. For the purposes of the Personal History Statement, part-time, temporary, and voluntary work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings.

Should you need to list additional experience/employment information, please use an additional sheet of paper, and continue in the EXACT same format as below.

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_  
Name you were known by: \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_  
Name of co-workers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

UNEMPLOYED FROM	TO
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NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_  
Name you were known by: \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_  
Name of co-workers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

UNEMPLOYED FROM	TO
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EXPERIENCE AND EMPLOYMENT (continued)

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Name of co-workers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

UNEMPLOYED FROM	TO
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NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Name of co-workers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

UNEMPLOYED FROM	TO
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EXPERIENCE AND EMPLOYMENT (continued)

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_

Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Name of co-workers: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_

Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Name of co-workers: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

EXPERIENCE AND EMPLOYMENT (continued)

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Name of co-workers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Voluntary \_\_\_\_\_ Military Service \_\_\_\_\_

Title or duties: \_\_\_\_\_

Name you were known by: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Name of co-workers: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

UNEMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

15. Would any problem result if your present employer was contacted during the course of the background investigation? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", when should such contact be made? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If you have had no prior employment, please explain here. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE AND EMPLOYMENT (continued)

17. Have you ever been fired or asked to resign from any place of employment?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, name of employer and why.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Have you ever applied, successfully or unsuccessfully, for another position with any law enforcement agency? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please provide the year, agency, and check off the processes which you completed and whether you were disqualified or hired.

Yr	Agency	Written	Physical Agility	Oral Interview	Background	Psych	Medical Exam	Disqualified	Hired

MILITARY SERVICE

19. Have you ever served in the Armed Forces, National Guard or Military Reserves?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please supply the following information:  
 Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_  
 Dates of service: From \_\_\_\_\_ To \_\_\_\_\_  
 Type of Discharge: \_\_\_\_\_

20. Have you registered with the Selective Services? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", when?  
 \_\_\_\_\_

21. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include the branch of service, when, where, circumstances, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MILITARY SERVICE (continued)

22. Past commanding officers or other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

NAME	ADDRESS	TELEPHONE	MILITARY UNIT	DATES

FINANCIAL

23. The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. A credit reporting agency will be contacted for a report of your credit history.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
Monthly Salary		Mortgage payment(s)	
Spouse's salary		Rent	
Other Monthly Income		Other Monthly Payments	
		Estimate monthly cost of living (include utilities, food, gasoline, home & car maintenance, etc.) and any other obligations	
Total Monthly Income		Total Monthly Expenditures	

**FINANCIAL (continued)**

CURRENT ASSETS		CURRENT LIABILITIES	
Savings		Mortgages	
Checking balance		Automobile loans	
Real Estate (appraised or assessed value)		Charge accounts (total)	
Stocks and Bonds		Other liabilities (describe)	
Life Insurance (cash value)			
Automobiles			
Other assets (describe)			
Total Assets		Total Liabilities	

24. Please supply the following information regarding financial institutions that you have accounts or loans with:

Institution (Bank, S&L, Loan Co.)	Account Number	Type of Account (checking, savings, loan)

25. Please supply the following information about your charge accounts, contracts, or other financial liabilities:

Name of Firm	Address	Account Number

FINANCIAL (continued)

26. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, where and why.

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27. Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, firms involved and circumstances.

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28. Within the last seven (7) years, have you ever had purchased goods repossessed?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, firms involved and circumstances.

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29. Within the last seven (7) years, have your wages ever been garnished?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, where and why.

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30. Have you ever been delinquent on child support, income tax, or other tax payments?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, where and why.

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LEGAL

31. If you have ever been arrested, taken into physical custody, been issued a misdemeanor citation (exclude traffic citations), or convicted of any crime, please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.)

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

32. As an adult, have you ever been placed on probation by any court?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, where and why.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Please list any other crimes you have committed, **REGARDLESS** of whether stopped, arrested, and/or convicted, to include what, when, where, how and why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Are you now or have you ever been involved as a defendant in any civil court actions?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, where, name of court and circumstances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



MOTOR VEHICLE OPERATION (continued)

40. Please list all motor vehicle accidents in which you have been involved as a driver within the past seven (7) years.

Date	Location (City, State)	Investigating Agency	Injury or Non-injury?

41. If there is anything you wish to discuss about your driving record which has not already been covered in the preceding sections, please explain here.

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42. Please list all vehicles registered to you and/or your spouse.

Year	Make	Model	License Number	Vehicle ID Number (VIN)

MOTOR VEHICLE OPERATION (continued)

43. Montana Law (61-6-301) requires that operators and owners of motor vehicles be covered by automobile liability insurance or possess a Certificate of Self-Insurance with the Department of Motor Vehicles. Therefore, please list the current liability insurance coverage you have on your motor vehicles.

Company	Address	Policy Number	Expiration Date

44. Have you ever been refused auto insurance for any reason other than failure to pay a premium?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please explain, including the company name, date and reason.

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GENERAL INFORMATION

45. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", identify the organization and explain fully.

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46. Have you ever applied for a permit to carry a concealed firearm or other weapon? YES \_\_\_\_\_ NO \_\_\_\_\_ Was the permit granted? \_\_\_\_\_ Date issued \_\_\_\_\_  
Name of Law Enforcement Agency \_\_\_\_\_  
Purpose for permit \_\_\_\_\_

47. Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned? YES \_\_\_\_\_ NO \_\_\_\_\_

48. If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so? YES \_\_\_\_\_ NO \_\_\_\_\_

49. Do you have anything in your background that may disqualify you from becoming a Peace Officer in the State of Montana? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please explain.

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## DRUG USE QUESTIONNAIRE

50. Have you used, tried, experimented, or in any way introduced into your body by any means:

DRUG	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE
Marijuana					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					
Barbiturates, Hypnotics or "Downers"					
Amphetamines (Cross-tops, Whites, Bennies, "Uppers")					
Methamphetamines (Speed, Crank)					
LSD or other Hallucinogens					
PCP ( Angel Dust, Sherm)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not prescribed for you					

QUESTIONNAIRE	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold any illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between or "done a favor for a friend" by becoming involved in an illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic or controlled substance?		
Have you ever had illegal drugs in your possession at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		





OPTIONAL INFORMATION

53. List organizations, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and you present status or position in the group).

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54. What are your personal hobbies? (What do you like to do during the times that you are not at work?) Please include any special skills or qualifications that might be useful in the position for which you've applied.

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55. List the magazines and newspapers to which you currently subscribe.

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56. List any identifying marks, scars, tattoos, burns or birthmarks.

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## AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant \_\_\_\_\_  
Please print your full name

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

As an applicant for a position with the Rosebud 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 to the Rosebud 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 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 \_\_\_\_\_

Subscribed and Sworn to before me the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of \_\_\_\_\_

State of \_\_\_\_\_

Notary Signature \_\_\_\_\_

## CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Rosebud County Sheriff's Office 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 mis-statement 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 mis-statements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

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

Date \_\_\_\_\_

Subscribed and Sworn to before me the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of \_\_\_\_\_

State of \_\_\_\_\_

Notary Signature \_\_\_\_\_

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney (or other public agency), enforcing the order for the repayment of amount owed, pursuant to the order.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the District Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's social security number: \_\_\_\_\_

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

Date \_\_\_\_\_

Subscribed and Sworn to before me the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of \_\_\_\_\_

State of \_\_\_\_\_

Notary Signature \_\_\_\_\_

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the Rosebud County Sheriff's Office for the position of \_\_\_\_\_,  
I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Rosebud County Sheriff's Office 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Subscribed and Sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public in and for said County of \_\_\_\_\_

State of \_\_\_\_\_

Notary Signature \_\_\_\_\_

## LETTER OF UNDERSTANDING

I am applying for the position of \_\_\_\_\_ I understand that there are certain requirements I must meet before I can be accepted into this position. 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
- Evaluation of a Personal Evaluation Profile Questionnaire
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my personal credit / financial report

A Hiring Review Board will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending on the position being sought:

- Drug screening test
- Standard medical examination
- Hearing test
- Psychological evaluation
- Physical abilities test

The aforementioned tests will be administered in a manner selected by the Rosebud County Sheriff's Office. 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 second 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 review and examinations. I understand that successful completion of this process does not guarantee employment with the Rosebud County Sheriff's Office, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Rosebud County Sheriff's Office. 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 Rosebud County Sheriff's Office.

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

Subscribed and Sworn to before me the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public in and for said County of \_\_\_\_\_

State of \_\_\_\_\_

Notary Signature \_\_\_\_\_

**RELEASE FOR  
PRE-EMPLOYMENT BACKGROUND INFORMATION**

I, \_\_\_\_\_, agree and consent to allow the **Rosebud County Sheriff's Office** to conduct a background information check on me. I understand and agree the **INFORMATION ABOUT ME** will be used and shared internally by Rosebud County personnel and officials to evaluate me for employment with the Rosebud County Sheriff's Office.

Except as noted by crossing-out the item, I consent to background information research by Rosebud County knowing the research will include, but is not limited to, the following sources of information: **(CROSS-OUT ANY ITEM FOR WHICH CONSENT IS WITHHELD)**

Criminal History (including federal and multi-state criminal history records, and law enforcement and prosecution files)

Traffic/Driving Records and Reports

Juvenile Offense Records and Reports

Judicial Records of civil and criminal proceedings

Probation Records

Child and Family Services Information and Referrals

Current and former employers

References provided by the applicant

Other/Notes by applicant: \_\_\_\_\_

I consent and direct that any entity and/or person holding the information about me, except as expressly noted or withheld above, shall release the information to Rosebud County.

I further release and agree to hold-harmless these entities and persons who in good faith provide information about me to the Rosebud County Sheriff's Office based on this Release. I agree that I cannot and will not pursue any claim against the providers of information or against Rosebud County based an employment decision premised on background information provided or received in good faith.

I SO AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_

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

Maiden Name or Aliases \_\_\_\_\_

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

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

Driver License No. \_\_\_\_\_ State \_\_\_\_\_

This Release expires \_\_\_\_\_