

EMPLOYMENT HISTORY

(Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Give a complete record of employment.)

Most recent employment first

May we contact employer listed below? YES NO

| | | |
|---|------------------------------------|---|
| Position/Title _____ | From Mo./Yr. _____ | To Mo./Yr. _____ |
| Employer _____ | Phone: _____ | |
| Address _____ | City _____ | State: _____ Zip: _____ |
| Salary _____ | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> Hours/week _____ |
| Supervisor's Name & Title _____ | Phone No. _____ | |
| In your own words describe your work: _____ | | |
| | | |
| Reason for Leaving: _____ | | |

May we contact employer listed below? YES NO

| | | |
|---|------------------------------------|---|
| Position/Title _____ | From Mo./Yr. _____ | To Mo./Yr. _____ |
| Employer _____ | Phone: _____ | |
| Address _____ | City _____ | State: _____ Zip: _____ |
| Salary _____ | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> Hours/week _____ |
| Supervisor's Name & Title _____ | Phone No. _____ | |
| In your own words describe your work: _____ | | |
| | | |
| Reason for Leaving: _____ | | |

May we contact employer listed below? YES NO

| | | |
|---|------------------------------------|---|
| Position/Title _____ | From Mo./Yr. _____ | To Mo./Yr. _____ |
| Employer _____ | Phone: _____ | |
| Address _____ | City _____ | State: _____ Zip: _____ |
| Salary _____ | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> Hours/week _____ |
| Supervisor's Name & Title _____ | Phone No. _____ | |
| In your own words describe your work: _____ | | |
| | | |
| Reason for Leaving: _____ | | |

May we contact employer listed below? YES NO

| | | |
|---|------------------------------------|---|
| Position/Title _____ | From Mo./Yr. _____ | To Mo./Yr. _____ |
| Employer _____ | Phone: _____ | |
| Address _____ | City _____ | State: _____ Zip: _____ |
| Salary _____ | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> Hours/week _____ |
| Supervisor's Name & Title _____ | Phone No. _____ | |
| In your own words describe your work: _____ | | |
| | | |
| | | |
| Reason for Leaving: _____ | | |

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|---|
| Please explain any periods of unemployment: _____ |
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Add additional pages if necessary.

RESUME REQUESTED BUT NOT REQUIRED.

| | | |
|---|-----------------------|-------------|
| <u>REFERENCES</u> (Minimum of 3 non-family references are required.) | | |
| 1) | Name _____ | Title _____ |
| | Address _____ | City _____ |
| | State _____ Zip _____ | Phone _____ |
| 2) | Name _____ | Title _____ |
| | Address _____ | City _____ |
| | State _____ Zip _____ | Phone _____ |
| 3) | Name _____ | Title _____ |
| | Address _____ | City _____ |
| | State _____ Zip _____ | Phone _____ |

| |
|--|
| List SKILLS you believe relevant to position |
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MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Employment Preference Act or Persons with Disabilities Employment Preference, check the appropriate box(es) below: (Documentation will be required)

To claim Veterans' Employment Preference you must be a U.S. citizen and (check one of the boxes below):

- A Veteran separated under honorable conditions.
- A Disabled Veteran separated under honorable conditions.
- 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 the veteran lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service-connected, permanent, and total disability.

You may claim Disabled Persons Employment Preference as (check one of the boxes below):

- A disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.
- The spouse of totally (100%) disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs.

If you checked one of the above boxes for Persons with Disabilities Employment Preference Act:

Are you a Montana resident? Yes No If "YES", date residency established: _____

**CERTIFICATION and
AUTHORIZATION FOR RELEASE OF INFORMATION**
(Each application requires current date and original signature.)

I am an applicant for a position with Rosebud County. As such I am required to furnish information, which the County may use to determine my qualifications and suitability for employment.

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of employment opportunities with Rosebud County or termination of my existing employment with Rosebud County. I further understand that all information on this application is subject to verification and I consent to a criminal history / driving background checks for applicable positions.

I also consent that authorities of Rosebud County may contact my references, former employers, educational institutions or any other entities or agencies listed regarding this application. I further release said County, as well as my former employers, from any and all liability resulting from these reference checks.

Date: _____ Signature _____

We appreciate your interest in employment with Rosebud County. Please feel free to attach your resume to this application, or any other additional information which you feel will be helpful in evaluating your qualifications for the position.

Submit completed and signed application to:

Rosebud County Commissioners
1200 Main Street
PO Box 47
Forsyth, MT 59327

OFFICE USE ONLY

**RELEASE FOR
PRE-EMPLOYMENT BACKGROUND INFORMATION**

I, _____, agree and consent to allow **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 (**CHECK OFF 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 Service Information and Referrals
- Current and former employers References provided the applicant
- Other/ Notes by applicant: _____

I consent and direct that nay 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 base on this Release. I agree that I cannot and will not pursue any claim against the providers of information or against Rosebud County based on 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: _____

Drivers License No. _____ State: _____

This Release Expires: _____