

**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's Applicant Personal History Statement page 1.

LATE, INCOMPLETE or UNSIGNED applications will NOT be considered.

This agency is committed to making reasonable accommodations 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 persons' 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 and 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 PREFERENCES 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 of 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, 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 unmarried 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 unmarried widow of the father of the veteran.
2. To claim **Montana Persons with Disabilities Employment Preference** you must be (check one for 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 the 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 Scott McDermott– Undersheriff

180 South 13th Ave P.O. Box 85 Forsyth, MT 59327

Phone - (406) 346-2715 – Fax (406) 346-7397

DEPUTY SHERIFF APPLICANT PERSONAL HISTORY STATEMENT

INSTRUCTION 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), 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 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 of 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 (S) 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 and 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 South 13th 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.

Signature of Applicant

Date

DO NOT sign this page until the tie 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 waiver
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 (DD-214)
5. Citizen or naturalization papers.
6. Certified copy of your birth certificate (**NO PHOTO COPIES**)
7. Name change documents.
8. Peace Officer Standards and Training certificate of graduation from a police academy.

OPTIONAL DOCUMENTS

1. Copies of other certificated, awards or commendations you would like to be considered:

PERSONAL INFORMATION

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

- 1. Your Name (please print in ink)

_____	_____	_____
Last	First	Middle

List other names you have used or have been known by. Including 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 times:

(Home) _____

(Work) _____

(Mobile Phone) _____

- 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".

Address where person can be contacted
(include City, State and Zip Code)

Phone number at which person
can be contacted

Name of your:

Father
Mother
Father-in-law
Mother-in-law
Spouse
Former Spouse(s)
Brother and Sisters
Step-Father
Step-Mother
Step- Brothers and Sisters
List of off spring: (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 NUMBER

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

NAME	ADDRESS	TELEPHONE NUMBER

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 15th 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 regards to this requirement by checking the appropriate spaces.

___ I possess a high school diploma

___ I possess the G.E.D (General Education 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 EXCAT same format as below.

NAME & ADDRESS OF EMPLOYER: _____

Telephone: _____

Dates of Employment: From: _____ To: _____

Full- Time: _____ Part-Time: _____ Voluntary: _____ Military Service: _____

Title of 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 of 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 of 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 of 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 of 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 of 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 of 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 of 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.

Year	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 NUMBER	MILITARY UNIT	DATES

LEGAL

23. 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

24. 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.

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

26. 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 courts and circumstances.

MOTOR VEHICLE OPERATION (continued)

32. 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

33. 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.

34. Have you ever been refused auto insurance for any reason other than failure to pay a premium?
Yes ___ No ___ If "Yes", please explain, include the company name, date and reason.

GENERAL INFORMATION

35. Are you now, or have you ever been a member of any forging 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 of 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.

36. 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 _____

37. Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned? Yes ___ No ___

38. If 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 ___

39. 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.

DRUG USE QUESTIONNAIRE

40. Have you used, tried, experimented, or in any way introduced into your body 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 (Angle Dust, Shem)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not prescribed for you					

Questionnaire	Yes	No
Is there any other illegal drug, narcotic or controlled substance no 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 drugs?		
Have you ever purchased and 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 illegal drugs at work?		
Are illegal drugs presently in your home or car?		

OPTIONAL INFORMATION

43. 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 your present status or position in the group.)

44. 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 in which you applied.

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

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 the 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 other, 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 the 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 _____

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 per-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.

Date 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 and extensive background check investigation, which consists of the following areas of concern, at a minimum:

- Review of my complete Personal History Statement
- Evaluation of a Personal Evaluation Profile Questionnaire
- Thorough criminal background check
- Thorough examination of prior employment

A Hiring Review Board will evaluate the result 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 or the following tests, depending on the position being sought:

- Drug screening test
- Standard medical examination
- 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: _____

Date: _____

Subscribed and Sworn to before me the _____ day of
_____, 20____

State of _____

Notary Public in and for said County of _____

Notary Signature _____

**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 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 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: _____