



## Park County Sheriff Office Core Values...

### We value human life...

We expect employees to perform their jobs in a manner which emphasizes the protection of life and minimizes the risk of unnecessary injury or death to any person.

### We value the principles of the constitutions of the United States and the State of Montana.

#### We value the system of laws which governs us...

We respect the dignity and rights of the individual. We are governed by a set of laws, not men; as such, we value the system of laws of the United States, the State of Montana and the County of Park. We recognize that our role as a member of the Executive Branch of government is to uphold the Constitution and laws.

### We value the communities we serve...

We believe that the purpose for our organizational existence is to serve our communities. We must be open and responsive to changing conditions and needs, and recognize and respect diversity. We believe it is our responsibility to keep the peace not only by enforcing the law, but also by working with communities to reduce problems by identifying and addressing causes. We believe that community and problem-oriented policing is an ongoing process, and not a program with a beginning and an end.

### We value the person...

We value the diversity of the individual, which stems from differences in race, age, sex, religion, sexual orientation, handicap, or socio-economic status. We will treat all individuals with courtesy, respect, and dignity.

### We value organizational excellence...

We value a working environment in which individuals working as a team strive for superior professional performance focused towards achieving the organizational mission and goals.

### We value the strength of personal character in our employees ...

We value open and honest communicators who display high moral and ethical conduct, integrity, adaptability, and sound judgment. We believe each employee must be a leader in the department and community. We expect employees to be result-oriented problem solvers who are responsible and accountable.



# Statement of Equal Employment Opportunity

It is the policy of Park County and its' Elected Officials, Department Heads and Employees to provide an environment free from all forms of intimidation, hostility, offensive behavior and unlawful harassment or discrimination. Where reasonable demands of the job do not require so, Park County and it officers and employees shall not discriminate on the basis of race, color, religion, creed, political beliefs or ideas, genetic information, sex, age, marital status, physical or mental ability, pregnancy or national origin (State and Federal protected classes) when:

- Providing and performing all services;
- Distributing funds, providing grants, loans, other financial assistance and administering training programs;
- Granting, denying, or revoking licenses;
- Contracting or subcontracting for construction of public buildings or for other public works or for goods and services; and
- Providing educational or on the job training opportunities.

**An equal employment opportunity employer**, Park County does not refuse employment or discriminate in compensation or other terms, conditions and privileges of employment based upon the above referenced protected classes except where the reasonable demands of the job permit a distinction to be made.

**Reasonable Accommodations:** Application and Selection processes used to evaluate an applicant's qualifications may include an assessment of the application materials and the interview. Reasonable accommodations under State and Federal law state qualified applicants with disabilities are entitled to accommodations for applicants to assist in completing the application/selection process and to perform the essential functions and duties of the job. Applicants **MUST** request an accommodation when needed.

Any applicant for employment with Park County or employee of Park County who believes they have been subjected to discrimination, including harassment, based upon any of the factors set forth above, should immediately contact any supervisor in the chain of command or the Human Resources Manager, 406-222-4180.



\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**PRINT THIS FORM AND ATTACH TO YOUR APPLICATION PACKET**

# ***STANDARD APPLICATION FOR POSITION OF 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:** You may complete this application by filling it on your computer, then saving and printing the completed form. If you prefer, you may print the application and fill it in manually. Be sure to sign it before delivering or mailing it to the agency address on the job listing. An application tailored to the position is to your advantage.

**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 \_\_\_\_\_

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**EDUCATION**

**High School Name** \_\_\_\_\_

Address of High School awarding diploma or equivalency certificate \_\_\_\_\_

Received diploma or equivalency certificate: Yes  No  If No, highest grade completed \_\_\_\_\_

**College or University Name** \_\_\_\_\_ **Dates Attended** \_\_\_\_\_

**Location** \_\_\_\_\_ **Credit Hours Earned** \_\_\_\_\_ **Degrees Received (BA, MA, etc.)** \_\_\_\_\_

**Date of Degree** \_\_\_\_\_ **Major Field** \_\_\_\_\_ **Minor Field** \_\_\_\_\_

**List other schools or training that help you qualify.**

**Name** \_\_\_\_\_ **Location** \_\_\_\_\_

**Dates Attended** \_\_\_\_\_ **Did You Complete?** Yes  No

**Title/Description of Course** \_\_\_\_\_ **Total Hours** \_\_\_\_\_

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**PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES (EMT, GVW, Diver, POST, etc.)**

**Name and Complete Address of Licensing Agency** \_\_\_\_\_

**Type of License** \_\_\_\_\_

**Endorsement/Restriction (if applicable)** \_\_\_\_\_ **Date Licensed** \_\_\_\_\_

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**SPECIAL SKILLS (Check the skills you possess. Specify speed/errors where requested.)**

Typing \_\_\_\_/\_\_\_\_ 10 Code  Accident Investigation  Legal Terminology  Medical Terminology  Photo Skills

Computer Software \_\_\_\_\_

Computer Languages \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**CRIMINAL CONVICTIONS (List any criminal convictions you have had as an adult.)**

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**EQUIPMENT (List types of equipment you can operate and specify name or model you have used such as radio equipment, computers, video equipment, alcohol consumption testing equipment, etc.)**

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**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 provided you answer all questions in the blocks and follow the same format. On each sheet, write your name and the job title for which you are applying. This information must be completed even if you submit a resume.

**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

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Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Date Employed \_\_\_\_\_ Average Hours 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 and accomplishments)

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Reason for Leaving \_\_\_\_\_

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Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Date Employed \_\_\_\_\_ Average Hours 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 and accomplishments)

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Reason for Leaving \_\_\_\_\_

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**ADDITIONAL EMPLOYMENT EXPERIENCE**

Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Date Employed \_\_\_\_\_ Average Hours 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 and accomplishments)

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\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Date Employed \_\_\_\_\_ Average Hours 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 and accomplishments)

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\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Date Employed \_\_\_\_\_ Average Hours 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 and accomplishments)

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

Reason for Leaving \_\_\_\_\_

# 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 (typed or written) \_\_\_\_\_ DATE SIGNED \_\_\_\_\_



# AUTHORIZATION TO RELEASE INFORMATION FOR CRIMINAL/DRIVER'S RECORDS CHECK

To: Park County Sheriff's Office

414 East Callender Street

Livingston, Mt 59047

I am an applicant for the position of: \_\_\_\_\_ with the Park County Sheriff's Office and wish to furnish information to use in a Criminal Records Check and Driver's Records Check. I understand the Qualifications (MCA 7-32-303) for this law enforcement position prevent selection of persons with prior convictions of any crime for which the person could have been imprisoned in a federal or state penitentiary, any assault conviction involving a partner or family member, determination from a background investigation that shows a lack of good moral character, non-citizens of the United States, and / or suspended or revoked driving privileges. I hereby expressly authorize release of any information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the Park County Sheriff's Office and any organization, company, institution, or person furnishing information to the Park County Sheriff's Office as I expressly authorized in the preceding paragraph above from any liability for damage that may result from furnishing the information which I have requested that you make available for the stated purpose. I further authorize and understand that a photocopy of this document shall serve with the same authority as the original

Applicant's Full Name: \_\_\_\_\_  
Last Fist Middle

Applicant's Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

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

Applicant's Date of Birth: \_\_\_\_\_  
Month Day Year

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Applicant Signature

Date