



Office of the
SHERIFF / CORONER
JEFFERSON COUNTY



P.O. Box 588 Boulder, Montana 59632
Phone (406) 225-4075 Fax (406) 225-4145

Sheriff Tom A Grimsrud

Undersheriff James Everett

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Right Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based on ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation, and mode of living. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(PLEASE PRINT PLAINLY)

Application Date: _____ Telephone No. _____

Full Legal Name: _____

Date of Birth: _____ / _____ / _____ Social Security No. _____ - _____ - _____

Physical Address: _____

Mailing Address: _____

Are you legally eligible for employment in the U.S.A.? Yes__ No__ If hired, you are require to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes__ No__ If no, hire is subject to verification that you are of minimum legal age.

Position(s) Applied for _____

Were you previously employed by us? Yes__ No__ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

Employment History

List below present and past employment, beginning with your most recent

I

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone: _____								

II

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone: _____								

III

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone: _____								

IV

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone: _____								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes ___ No ___

Employer II? Yes ___ No ___

Employer III? Yes ___ No ___

Employer IV? Yes ___ No ___

Signed _____

Record of Education

	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary							<input type="checkbox"/> Yes	
			5	6	7	8	<input type="checkbox"/> No	
High							<input type="checkbox"/> Yes	
			1	2	3	4	<input type="checkbox"/> No	
College							<input type="checkbox"/> Yes	
			1	2	3	4	<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
			1	2	3	4	<input type="checkbox"/> No	

Personal References

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes__ No__

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes__ No__

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signature of Applicant



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Release of Information

I, _____ hereby authorize any representative of the Jefferson County Sheriff's Office bearing this release to obtain any information in your files pertaining to my training and employment records. I hereby direct you to release such information upon request of the bearer. I do hereby authorize a full review of and full disclosure of all records, or any part thereof, concerning myself, to the Jefferson County Sheriff's Office, whether said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of my employment and training records to Jefferson County Sheriff's Office, for the specific purpose of pursuing a background investigation by the Jefferson County Sheriff's Office.

I specifically consent to your release of all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my training records, any information contained in any investigatory files, efficiency ratings, complaints or grievances filed by or against me, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I direct you to release such information upon request of Jefferson County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary.

I understand that Jefferson County Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my request and determine my eligibility for employment. It is in the public's interest that all relevant information concerning my personal training and employment history be disclosed to Jefferson County Sheriff's Office.

I understand my rights under the United States Constitution and law, Montana statutes and the Constitution of the State of Montana with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by Jefferson County Sheriff's Office in conjunction with investigation regarding my request.

A scanned image, photocopy or FAX copy of this release form will be valid as an original thereof, even though the said scanned image, photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

 SIGNATURE

 DATE

State of _____

This instrument was signed before me this _____ day of _____, 20____, by

 Name of Signatory

 Signature of Notary Public

(SEAL)

 Printed Name