



APPLICATION FOR EMPLOYMENT

PERSONAL HISTORY STATEMENT

Please read completely the Opening Statement, Instructions, and Confidentiality and Certification provision before proceeding to answer any questions.

Opening Statement

The information you provide in this Personal History Statement will be used to assist the Powell County Sheriff's Office in determining your suitability for employment as a Deputy Sheriff, Reserve Deputy and Employees for the Powell County Sheriff's Office.

Please keep in mind the following:

1. The completion of this Personal History Statement is mandatory according to Powell County Sheriff's Office policy.
2. All statements made herein are subject to verification.
3. Deliberate inaccuracies or incomplete statements will remove you from any further consideration for employment.
4. All time periods in your background, unless otherwise specified, must be accounted for.
5. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding it, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency.

If you withhold or deliberately distort any information during the background investigation, discovery of that fact will disqualify you from further consideration. If the discovery is made after you have been hired by the Powell County Sheriff's Office, it may be grounds for immediate termination.

Applicants who advance to the background investigation phase of our hiring process will be interviewed by an investigator and given an opportunity to discuss any inconsistencies or adverse information apparent at that point in the investigation.

INSTRUCTIONS

1. Please print your responses to this questionnaire in ink. DO NOT type on this form.
2. Please complete the responses yourself. DO NOT have another person fill in the blanks for you.
3. IF YOU NEED ADDITIONAL SPACE TO ANSWER A QUESTION, SUCH AS TO PROVIDE A COMPLETE LIST OF FAMILY MEMBERS, PAST EMPLOYERS, OR PAST RESIDENCES, USE A SEPARATE SHEET OF PAPER. DO NOT LEAVE OUT INFORMATION SIMPLY BECAUSE THERE ISN'T ADEQUATE ROOM ON THE FORM. ALSO, MAKE SURE THAT ANY ANSWERS ON ADDITIONAL SHEETS ARE CLEARLY IDENTIFIED AS TO QUESTION NUMBER.
4. Include ZIP codes with all addresses.
5. If you feel that some of the information solicited may be misleading and requires further elaboration, you may attach a brief, written explanation to the form.

CONFIDENTIALITY

The contents of this Personal History Statement are considered Confidential and will be used by the Powell County Sheriff's Office for the purpose of evaluating your suitability for employment as a Deputy Sheriff. However, if it is discovered that you are currently involved in criminal activity or have committed an undiscovered felony, the contents of this Personal History Statement as well as any other information from the background investigation will be shared with the appropriate law enforcement agency or agencies.

When completed, this Statement along with all other supporting documents should be returned to the Powell County Sheriff's Office. If you have questions regarding this or any other aspect of the application process, contact Sheriff, Gavin R. Roselles at (406) 846-2711

CERTIFICATION

I certify that I have read the opening statement and instructions for the Powell County Sheriff's Office Personal History Statement, and I accept the conditions of completeness, accuracy and confidentiality.

Signature of Applicant Date

.

PERSONAL INFORMATION

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

1. Your name (please print in ink).

Last First Middle

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

2. Your current physical address:

Number Street City State Zip

Your mailing address if different from your physical address:

Number Street City State Zip

3. Phone numbers at which you can be reached:

Home _____ Work _____
Cell _____ Message _____
Email address _____

4. Date of Birth _____

5. Place of birth (City, County, State or Country)

You must be a U.S. citizen for this position. You must provide a certified copy of your birth certificate or copies of your naturalization papers.

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

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." **IN BLOCKS MARKED "OTHER," LIST FORMER SPOUSES, BROTHERS AND SISTERS, STEPPARENTS.**

Father	Current Address
Home Phone	
Work Phone	
Mother	Current Address
Home Phone	
Work Phone	
Spouse	Current Address
Home Phone	
Work Phone	
Father-in-law	Current Address
Home Phone	
Work Phone	
Mother-in-law	Current Address
Home Phone	
Work Phone	
Other	Current Address
Home Phone	
Work Phone	

Other	Current Address
Home Phone	
Work Phone	
Other	Current Address
Home Phone	
Work Phone	
Other	Current Address
Home Phone	
Work Phone	
Other	Current Address
Home Phone	
Work Phone	
Other	Current Address
Home Phone	
Work Phone	
Other	Current Address
Home Phone	
Work Phone	

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

Name	Relationship
Address	Phone
Name	Relationship
Address	Phone
Name	Relationship
Address	Phone
Name	Relationship
Address	Phone
Name	Relationship
Address	Phone

9. List individuals with whom you have resided within the past 10 years. Do not list information prior to your 15th birthday. **Exclude family members.** Use an additional sheet if necessary.

Name	Address	Phone

RESIDENTIAL HISTORY

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. Use an additional sheet of paper if necessary.

Address	From	To
Reason for leaving	Landlord Information	
Address	From	To
Reason for leaving	Landlord Information	
Address	From	To
Reason for leaving	Landlord Information	
Address	From	To
Reason for leaving	Landlord Information	
Address	From	To
Reason for leaving	Landlord Information	

Address		From	To
Reason for leaving		Landlord Information	
Address		From	To
Reason for leaving		Landlord Information	
Address		From	To
Reason for leaving		Landlord Information	
Address		From	To
Reason for leaving		Landlord Information	
Address		From	To
Reason for leaving		Landlord Information	
Address		From	To
Reason for leaving		Landlord Information	

EDUCATION

11. Montana law requires peace officers to possess a high school diploma or its equivalent. Please indicate your current status in this regard by checking the appropriate box(es).

- Possess a high school diploma.
- Passed the G.E.D. (General Educational Development) test.
- Have the following higher education degree(s):

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. Use an additional sheet of paper if necessary.

Schools				City & State
	From	To	Highest Grade	Teacher or Reference
School				City & State
	From	To	Highest Grade	Teacher or Reference
School				City & State
	From	To	Highest Grade	Teacher or Reference
School				City & State
	From	To	Highest Grade	Teacher or Reference
School				City & State
	From	To	Highest Grade	Teacher or Reference
School				City & State
	From	To	Highest Grade	Teacher or Reference

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools including colleges and universities, graduate schools, business and vocational schools; .any formal education beyond the high school level.) **YES** **NO**

If "YES," please explain, including date, school and circumstances:

PREVIOUS EMPLOYMENT

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

NAME AND ADDRESS OF EMPLOYER: _____

Telephone _____
Dates of employment: From _____ to _____
Full-time _____ Part-time _____ Volunteer _____ Military Service _____
Title or duties: _____
Name you were known by: _____
Name of supervisor: _____
Names of co-workers: (1) _____
(2) _____
(3) _____

Reason for Leaving: _____

Unemployed from _____ to _____

NAME AND ADDRESS OF EMPLOYER: _____

Telephone _____
Dates of employment: From _____ to _____
Full-time _____ Part-time _____ Volunteer _____ Military Service _____
Title or duties: _____
Name you were known by: _____
Name of supervisor: _____

Names of co-workers: (1) _____
(2) _____
(3) _____

Reason for Leaving: _____

Unemployed from _____ to _____

NAME AND ADDRESS OF EMPLOYER: _____

Telephone _____

Dates of employment: From _____ to _____

Full-time _____ Part-time _____ Volunteer _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

Unemployed from _____ to _____

NAME AND ADDRESS OF EMPLOYER: _____

Telephone _____

Dates of employment: From _____ to _____

Full-time _____ Part-time _____ Volunteer _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

Unemployed from _____ to _____

NAME AND ADDRESS OF EMPLOYER: _____

Telephone _____

Dates of employment: From _____ to _____

Full-time _____ Part-time _____ Volunteer _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____
(2) _____
(3) _____

Reason for Leaving: _____

Unemployed from _____ to _____

NAME AND ADDRESS OF EMPLOYER: _____

Telephone _____

Dates of employment: From _____ to _____

Full-time _____ Part-time _____ Volunteer _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____
(2) _____
(3) _____

Reason for Leaving: _____

Unemployed from _____ to _____

NAME AND ADDRESS OF EMPLOYER: _____

Telephone _____

Dates of employment: From _____ to _____

Full-time _____ Part-time _____ Volunteer _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names of co-workers: (1) _____

(2) _____

(3) _____

Reason for Leaving: _____

Unemployed from _____ to _____

NAME AND ADDRESS OF EMPLOYER: _____

Telephone _____

Dates of employment: From _____ to _____

Full-time _____ Part-time _____ Volunteer _____ Military Service _____

Title or duties: _____

Name you were known by: _____

Name of supervisor: _____

Names 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 is the best time to contact this employer?

16. If you have had no previous employment, please explain here. _____

17. Have you ever been fired or asked to resign from any place of employment? **YES** **NO** If "YES," please give details, including 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 details, including name and location of department(s), date of application, and how far you progressed through the hiring process.

19. Have you ever attended a law enforcement academy in Montana or any other state? **YES** **NO**
If "YES," please provide details, including name of academy, dates of attendance, and outcome.

20. 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 No. _____

Dates of service: From _____ to _____

Military specialty: _____

Type of discharge: _____

21. Have you registered with the Selective Service? **YES** **NO**

If "YES," when? _____

22. If you were in the Military, National Guard or Military Reserves, were you ever the subject of judicial or non-judicial disciplinary action?

YES **NO**

If "YES," please give details, including branch of service, where, when, charges, resolution, etc. _____

23. Past commanding officers and 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/Title	Military Unit	Telephone

FINANCIAL

24. 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 as follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. However, your behavior in meeting your financial obligations will be reviewed. A credit-reporting agency will be contacted for a report on your credit history. Use an additional sheet of paper if necessary.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENSES	
Monthly Salary		Monthly Mortgage/Rent	
Spouse's Salary		Car Payment(s)	
Other Monthly Income		Other Payments	
		Estimated monthly living expenses (utilities, food, gas, Insurance, etc.)	
Total Monthly Income		Total Monthly Expenses	
CURRENT ASSETS		CURRENT LIABILITIES	
Savings		Mortgage(s) balance(s)	
Checking balance		Car Loan(s)	
Real estate equity		Charge accounts (total)	
Stocks & bonds		Other liabilities (describe)	
Life Ins. Cash value			
Automobile equity			
Other Assets (describe)			
Total Assets		Total Liabilities	

25. Have you ever filed for or declared bankruptcy? **YES** **NO**
If "YES," please give details including when, where and why.

26. 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 including when, firms involved and circumstances.

27. Within the last seven (7) years, have your wages ever been garnished?
 YES **NO** If "YES," please give details including when, where and why.

28. Within the last seven (7) years, have you ever had purchased goods that have been repossessed? **YES** **NO**
If "YES," please give details including when, firms involved and circumstances.

29. Have you ever been delinquent on child support, income tax, or other tax payments? **YES** **NO**
If "YES," please give details including when, where and why.

LEGAL

30. If you have ever been arrested, **taken into physical custody**, been issued a misdemeanor citation (**exclude traffic citations**), or convicted of a crime, please give the following information. **You should not include the following: 1) Incidents that occurred when you were a juvenile, 2) Offenses expunged from your record for which you have received a pardon, or, 3) Any other offense that is part of a record that has been sealed by a court.**

Agency	Charge	Date	Disposition

31. As an adult, have you ever been placed on probation by any court?
 YES **NO** If "YES," please give details including when, where and why.

32. Are you currently under investigation for any criminal violation/activity?
 YES **NO** If "YES," please give details.

33. Are you now or have you ever been involved as a defendant in any civil court action? **YES** **NO**
If "YES," please give details including when, where, name of court, and circumstances.

MOTOR VEHICLE OPERATION

34. Operation of a motor vehicle is an integral part of the position for which you have applied. An investigation of your driving history will be made through a records check. Please supply the following information:

Name as printed on Driver's License _____
 Driver's License Number _____ State _____

35. Please list other states where you have been licensed to operate a motor vehicle:

State	Name in which licensed

36. Have you ever been refused a driver's license by any state?
 YES **NO** If "Yes," please explain when, where and why.

37. Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation or restriction? **YES** **NO**
 If "YES," please give details including where, when, and under what circumstances.

38. Please list all traffic citations you have received as an adult (after reaching the age of 18). **Exclude parking citations. Use an extra sheet of paper if necessary.**

Violation	Location	Date	Disposition

39. Please list all motor vehicle accidents in which you have been involved as a driver within the past seven (7) years. **Use an extra sheet if necessary.**

Date	Location	Investigating agency	Injury/non-injury

40. 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.

41. Please list all motor vehicles registered to you and your spouse.

Year	Make	Model	License No.	State	VIN

42. Montana law requires that owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the company that insures each of the motor vehicles listed above.

Vehicle	Company	Address	Policy No.	Exp. Date

43. 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.

GENERAL INFORMATION

44. Have you ever applied for a permit to carry a concealed firearm or other weapon? **YES** **NO**

If YES," was the permit granted? **YES** **NO**

Date issued: _____

Law Enforcement Agency: _____

Reason for permit: _____

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

46. If the necessity arose in the course of your employment as a Deputy Sheriff to use deadly force on a human being, would you have any reluctance to do so? **YES** **NO**

47. Do you have anything in your background that may disqualify you from becoming a Deputy Sheriff in the State of Montana? **YES** **NO**

If "YES," please explain.

(to next page)

Authorization to Release Information

Name of Applicant: _____
Last First MI Maiden or Alias

Date of Birth: _____ Social Security Number: _____

As an applicant for the position of employment with the Powell County Sheriff's Office, I am required to undergo a background investigation for use in determining my qualifications and suitability to be an employee. I realize that the Powell County Sheriff's Office will NOT release the information provided to them to any person, including myself. The information submitted to the Powell County Sheriff's Office is confidential and will be used only for the purpose of determining my suitability for law enforcement employment.

I authorize release to the Powell County Sheriff's Office 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 the Powell 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. You or others in your organization may be contacted by mail, by a background investigator with the Powell County Sheriff's Office, or both. I further authorize that a photocopy of this Authorization To Release Information 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 a period of one (1) year of the date of my signature.

Applicant Signature

Date Signed

Powell County Sheriff's Office, Gavin R. Roselles-Sheriff, 313 4th Street/Deer Lodge/MT 59722



CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided by me to the Powell County Sheriff's Office during all phases of my pre-employment background investigation and in any other pre-employment screening process are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection without appeal as a candidate for employment as an employee by the Powell County Sheriff's Office. I further understand that any misstatements, omissions, or deceptions made by me that may be discovered after such time as I may be employed by the Powell County Sheriff's Office are grounds for disciplinary action up to and including termination.

Applicant Signature

Date Signed

Powell County Sheriff's Office, Gavin R. Roselles-Sheriff, 313 4th Street/Deer Lodge/MT 59722

Letter of Understanding

I am applying for a position as an employee with the Powell County Sheriff's Office. I understand that there are certain requirements I must meet before I can be accepted into this position. I also understand that I must submit to and cooperate fully with an extensive background investigation, which consists of, but is not necessarily limited to, the following areas of concern:

1. Review of my completed Personal History Statement and investigation of the information contained therein.
2. Thorough criminal history check.
3. Thorough examination of my prior employment.
4. Examination of my personal credit/financial report.
5. Thorough investigation of all those elements deemed necessary by the Powell County Sheriff's Office to determine whether I meet the standards of high moral character required for Powell County Sheriff's Office.

I understand that the background investigation will be conducted in accordance with procedures established by the Powell County Sheriff's Office, and will take place in two phases. Following the first phase of the background investigation, the Powell County Sheriff's Office will select those applicants who meet the Department's minimum selection criteria, and whom the Department's Hiring Board wishes to interview. If I am not selected to be interviewed, I will not be investigated further.

If I am interviewed by the Hiring Board, I may be designated an Employee Candidate. I understand that this is neither an offer of employment, nor a guarantee that any such offer is forthcoming. However, if I am designated as an Employee Candidate, a more extensive background investigation will be conducted.

The Sheriff is responsible for all decisions regarding which Employee Candidates, if any, receive conditional offers of employment. Those decisions are based upon the Sheriff's assessment of the needs of the Powell County Sheriff's Office and the totality of my qualifications as those qualifications are reflected in all phases of the application process.

I acknowledge and accept that if a conditional offer of employment is extended to me, the following conditions apply:

1. I must pass a physical examination conducted by a physician selected and paid for by the Powell County Sheriff's Office.
2. I must pass a psychological examination conducted by a licensed professional selected and paid for by the Powell County Sheriff's Office.
3. I must pass a drug screen conducted at the time of the physical examination.

I must successfully complete the Montana Law Enforcement Academy Basic School within one year of employment, unless my failure to do so is the result of scheduling problems beyond my control.

- a. This condition is waived if I currently possess a Montana Police Officer Standards and Training Council Basic Certificate.
- b. This condition is waived if I possess a Current Police Officer Standards and Training Council Basic Certificate from another state. However, in this instance I must successfully complete the Montana Law Enforcement Academy's Legal Equivalency test within twelve months of my employment by the Powell County Sheriff's Office.

4. I must resolve any other issues that may arise as a result of the physical and psychological examinations, drug screen, and physical agility test, as well as any other issues that are properly raised by the Powell County Sheriff's Office, the County of Powell, or me at the time the Conditional Offer of Employment is extended.

All of the aforementioned tests and examinations will be administered in a manner selected by the Powell County Sheriff's Office. I understand that the test results are the property of the Powell County Sheriff's Office and these results are not available to me unless, in the opinion of the professional conducting the tests, they reveal a health condition that is important to my well being.

I understand that all documents, interviews, reports and any other information regarding all phases of the background investigation and selection process are treated as confidential information by the Powell County Sheriff's Office. As such, they will not be shared with anyone not directly involved in the hiring process. The Powell County Sheriff's Office will also not share the information with me except in response to a court order.

I understand that my failure to cooperate fully in all facets of the background investigation will result in my immediate disqualification from further consideration for an Employee for the Powell County Sheriff's Office.

Signature of Applicant

Date Signed

Powell County Sheriff's Office, Gavin Roselles-Sheriff, 313 4th Street/Deer Lodge/MT 59722

Powell County Sheriff's Office Employee Evaluation

A significant factor in considering an applicant for employment is our ability to verify and to document a successful work record. Your assistance is most important. Please complete the following inquiries and return this form to us as soon as possible. All information will be treated as confidential to the degree permitted by law.

Applicant Name: _____

Performance Ratings:

0-Unsatisfactory 1-Poor 2-Satisfactory 3-Good 4-Outstanding

The following evaluation best reflects this individual's performance while in your employment:

1. Demonstrates Skill and Knowledge of Job:	0	1	2	3	4
2. Observes work schedules and regulations:	0	1	2	3	4
3. Attitude towards co-workers and supervisors:	0	1	2	3	4
4. Quality of work:	0	1	2	3	4
5. Quantity of work:	0	1	2	3	4
6. Initiative:	0	1	2	3	4
7. Practice of Procedures:	0	1	2	3	4
8. Safety practices:	0	1	2	3	4
9. General Hygiene, overall appearance:	0	1	2	3	4

Reason for termination: _____

Would you re-employ this individual? _____ **Yes** _____ **No** If no, why not?

Additional Comments: _____

Date: _____ **Signed By:** _____ **Title:** _____

Phone: _____

Powell County Sheriff's Office Application Documents Checklist

Document	Comment	Enclosed?
Personal History Statement	MANDATORY - FROM APPLICANT	
Background Check	MANDATORY - FROM APPLICANT	
Letter of Understanding	MANDATORY - FROM APPLICANT	
Release Authorization	MANDATORY - FROM APPLICANT	
Certification & Penalty	MANDATORY - FROM APPLICANT	
Child Support Disclosure	MANDATORY - FROM APPLICANT	
Fingerprints	MANDATORY - FROM APPLICANT	
Birth Certificate	MANDATORY - FROM APPLICANT	
Driver's License	MANDATORY - FROM APPLICANT	
Pass Entrance Exam	MANDATORY - FROM APPLICANT	
Pass Oral Interview	MANDATORY - FROM APPLICANT	
Pass Medical Exam	MANDATORY - FROM APPLICANT	
Pass Psychological Exam	MANDATORY - FROM APPLICANT	
GED Certificate	MANDATORY - FROM APPLICANT IF APPLICABLE	
High School Transcript(s)	MANDATORY - FROM APPLICANT If applicable.	
College Diploma	If applicable.	
College Transcript(s)	If applicable.	
Name Change	If applicable.	
Citizenship/Naturalization Papers	If applicable.	
Military Discharge	If applicable.	
Military Record Request	If applicable.	
Selective Service Registration	MANDATORY - FROM APPLICANT	