



Office of the
SHERIFF / CORONER
JEFFERSON COUNTY
 P.O. Box 588 Boulder, Montana 59632
 Phone (406) 225-4075 Fax (406) 225-4145

Sheriff Craig Doolittle

Undersheriff Mike Johnson

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 Rights 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 upon 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)

PERSONAL

Date _____

Name _____
Last First Middle

Social Security No. _____ Telephone No. _____

Address _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ If hired, you are required 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? _____

(Turn to Next Page)

EMPLOYMENT HISTORY

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

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								

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								

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								

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

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

PERSONAL REFERENCES (Not Former Employers or Relatives)

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

APPLICANT – Do not write on this page

FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			

*See Page 2

This "Application for Employment" is prepared for general use throughout the United States. Employment laws and legal requirements change frequently, however. V.W. EIMICKE ASSOCIATES, INC. assumes no responsibility for an employer's use of this form or any decision made in connection with the form.





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**ACADEMIC BACKGROUND AUTHORIZATION
AND LIABILITY WAIVER**

To whom it may concern:

I hereby authorize the Jefferson County Sheriff's Office to review my academic records and my personal history pertaining to my attendance at

Name of school

I further authorize you to release such other information as may be requested by the Jefferson County Sheriff's Office. Such information is to be used by the Jefferson County Sheriff's Office to assist them in determining my qualifications and fitness for employment in a position I am currently seeking.

I hereby expressly release your institution and its employees from any and all liability for damage to me, which may result from the furnishing of such information.

Date: _____, 20____

Signature

Print Full Name: _____

Last

First

Middle

Date of Birth: _____

Social Security Number: _____

Dates attended: _____, _____ to _____, _____

Present Address: _____

City

State

Zip



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AUTHORIZATION TO RELEASE INFORMATION

To: _____

I am an applicant for a position with the Jefferson County Sheriff's Office. I am required to furnish information, which this agency may use in determining my moral, physical, mental and financial qualifications. In this connection, I hereby expressly authorize release of any and all information of a confidential or privileged nature.

I hereby release the Jefferson County Sheriff's Office with which I am seeking employment and any organization, company, institution or person furnishing information to that agency as expressly authorized above, from any and all liability for damage, which may result from furnishing the information requested.

I also understand and agree that any and all background, reference checks or other information gathered will not be released to anyone else, including myself.

Date: _____, 20____ Signature _____

Print Full Name: _____
Last First Middle

Birth Date: _____

Social Security Number: _____

Present Address: _____

City State Zip

