

SECTION III



**STEVENSVILLE POLICE DEPARTMENT
LETTER OF UNDERSTANDING**

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I am applying for the position of Police Officer with the Stevensville Police Department. I understand that there are certain requirements that 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.

A thorough investigation of all these elements is necessary to determine whether I meet the standards of high moral character required of a police officer.

I understand that the background investigation will be conducted in accordance with the procedures established by the Stevensville Police Department and will take place in two (2) phases, the **Background Investigation** and the **Background Interview**. Following the first phase of the background investigation, the Stevensville Police Department will select one (1) applicant whom they desire to interview regarding the background investigation. If I am not selected to be interviewed, I understand that there will be no further background investigation.

Following the interview with the background investigator, the results of my background investigation will be forwarded to the Chief of Police and the Mayor for consideration. If the results of my background investigation are favorable, I will be offered a conditional offer of employment. I understand that this conditional offer of employment is **NOT** a guarantee that employment is ensured.

I acknowledge and accept that if a conditional offer of employment is extended to me, then:

1. I must pass a physical examination by a physician selected and paid for by the Stevensville Police Department.
2. I must pass a psychological examination by a licensed professional selected by and paid for by the Stevensville Police Department.
3. I may be required to submit to and pass a drug screen conducted at the time of the physical examination.
4. If necessary, I must successfully complete the Montana Law Enforcement Academy Basic and/or the Basic Equivalency for out of state P.O.S.T. certified officers within one year from date of hire.
5. 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 raised by the Stevensville Police Department, the Town of Stevensville, or me.
6. I may be required to reside in the Northern Ravalli County area (Florence to Victor) to be available to respond to a dispatched call in a timely manner, while on an on-call status

All of the aforementioned tests and examinations will be administered in a manner selected by the Stevensville Police Department. I understand that the results of those tests are the property of the Stevensville Police Department and that their results are not available to me unless they reveal a health condition that is important to my well-being.

I understand that the Stevensville Police Department treats all documents, interviews, reports, and any other information regarding all phases of the background investigations as confidential information. As such, they will not be shared with anyone not directly involved in the hiring process. The Stevensville Police Department 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 the position of Police Officer for the Stevensville Police Department.

Signature of Applicant _____

Date _____

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

Notary Public in and for the County of _____, State of _____

My Commission Expires: _____

Notary Public Signature: _____

(NOTARY SEAL)