

SECTION I



STEVENSVILLE POLICE DEPARTMENT REQUIREMENTS

IMPORTANT

PLEASE READ

All information provided herein, is accurate at this time. Information is subject to change at any time.

IMPORTANT - The following items must be included in the application packet:

Applications that do not include all of the required documents will be considered incomplete and will be ineligible for consideration.

- Photocopy of applicant's birth certificate;
- Photocopy of applicant's high school diploma and or college transcripts if applicable;
- Photocopy of applicant's current driver's license;
- Photocopy of DD 214 if a veteran;
- Veteran's preference form, if applicable;
- Completed personal history statement; (supplied with application packet)
- All waivers and releases must be notarized.

MINIMUM REQUIREMENTS

1. Twenty one (21) years of age at time of appointment;
2. Possess a high school diploma or equivalent;
3. Ability to perform the various requirements demanded by the nature of the law enforcement work;
4. Be a citizen of the United States of America;
5. Be of good moral character, as determined by a thorough background investigation;
6. Possess a valid driver's license from their state of residency at time of application, and have no restrictions or traffic infractions that would preclude obtaining a Montana driver's license immediately upon appointment;
7. Have residency established within Ravalli County at time of appointment. (Please refer to the residency requirements for peace officer in the State of Montana for further details. Information can be found on page three of section two.)
8. Those applicants who are P.O.S.T. certified in another state should contact Montana P.O.S.T. to determine if that state's certification will be recognized by Montana P.O.S.T.
9. Employment is not ensured as a result of successful completion of testing.

SECTION II



STEVENSVILLE POLICE DEPARTMENT APPLICANT SCREENING PROCESS

APPLICANT SCREENING PROCESS

1. Applicant Review

Applications will be reviewed by Human Resources, the Mayor's Office, and the Chief of Police.

2. Applicant Testing

After applicants are chosen for consideration, those applicants will be contacted and invited to take a written test. The Police Department may require a physical agility test to be conducted following the written test.

3. CANDIDATE INTERVIEWS

Successful Candidates will be notified of the time and location of their oral interviews.

4. CONDITIONAL OFFER OF EMPLOYMENT

Following the candidate interviews, the top candidate will be given a conditional offer of employment.

5. BACKGROUND INVESTIGATION

A background investigation will be conducted of the top applicant. The background investigator will be a member of the Stevensville Police Department. The background investigator will conduct a thorough background investigation. The results of the background investigation can be cause for removal of an applicant from the hiring process.

6. PSYCHOLOGICAL EVALUATION

The top applicant will be requested to submit to a psychological evaluation at the expense of the Stevensville Police Department. The results of the psychological evaluation may result in the applicant's removal from the hiring process. (MCA 7-32-303)

7. MEDICAL EXAMINATION

The top applicant will undergo a medical examination conducted by a licensed physician at the expense of the Stevensville Police Department. The results of the medical examination may result in the applicant's removal from the eligibility pool. Any applicant who refuses to submit to the medical examination will be removed from the hiring process. (MCA 7-32-303)

APPLICANT SCREENING PROCESS

8. REPAYMENT AGREEMENT

Non-certified officers may be required to sign a repayment agreement. The repayment agreement will be effective from the first day of employment and will remain in effect for three calendar years from the first day of employment. In accordance with the terms of the agreement, if the officer voluntarily separates from employment during the three-year period, the officer will agree to pay back any reasonable expenses incurred to equip the officer. The repayment amount will be prorated according to the length of service before separation.

9. APPOINTMENT

Upon appointment with the Stevensville Police Department, the officer will be required to take the oath of office and will swear to the law enforcement code of ethics. All applicants who have not resided in the state for a period of one year and in Ravalli County for a period of 6 months prior to the date of appointment may receive a waiver of residency. The residency requirement exemption will be considered on a case-by-case basis. See Montana Code Annotated 7-32-301 and 7-32-302 for further information.

10. PROBATIONARY PERIOD

All officers will be required to complete a one (1) year probationary period of employment with the Stevensville Police Department. Officers will undergo field training for a portion of this probationary year.

11. ACADEMY

At some point during the probationary period, and within one year of the hire date, the officer will be required to attend the Montana Law Enforcement Academy.

Montana P.O.S.T. certified law enforcement officers will not be required to attend the academy. Out of state P.O.S.T. certified officers will be required to attend and successfully complete the law enforcement equivalency academy within one year of the date of hire.

SECTION III



STEVENSVILLE POLICE DEPARTMENT LETTER OF UNDERSTANDING

LETTER OF UNDERSTANDING

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)

SECTION IV



STEVENSVILLE POLICE DEPARTMENT NOTARIZED WAIVERS

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____

Date of Birth _____

Social Security Number _____

As an applicant for the position of Police Officer with the Stevensville Police Department, I am required to undergo a background investigation for use in determining my qualifications and suitability to be a Police Officer. I realize that this Office will **NOT** release the information provided to them to any person, including myself. The information submitted to this Office is confidential and will be used only for investigation of suitability for law enforcement employment

Toward this end, I authorize any and all information that you may have concerning me, including information of a confidential or privileged nature to be released to the Stevensville Police Department. I hereby authorize all of 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 Stevensville Police Department 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 requested information. You may be contacted either by mail, or by a background investigator with the Stevensville Police Department, 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.

Signature of Applicant _____ Date _____

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

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

Notary Public

Signature _____

(NOTARY SEAL)

CHILD SUPPORT

Please mark the appropriate response. Failure to mark one of the three statements will result in denial of your application.

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and I am in compliance with the order; or I am in compliance with a plan approved by the County Attorney (or other public agency) enforcing the order for the repayment of the amount owed, pursuant to the order.

_____ I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or plan approved by the County Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the court order.

Applicant's Social Security Number: _____

Signature of Applicant _____ Date _____

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

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

Notary Public

Signature _____

(NOTARY SEAL)

CERTIFICATE AND PENALTY

I hereby declare that all statements and information provided by me to the Stevensville Police Department 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 as a condition for employment, without appeal.

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 Stevensville Police Department are grounds for disciplinary action up to and including termination.

Signature of Applicant _____ Date _____

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

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

Notary Public

Signature _____

(NOTARY SEAL)

SECTION V



STEVENSVILLE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT

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

OPENING STATEMENT:

The information you provide in this Personal History Statement will be used to assist the Stevensville Police Department in determining your suitability for employment as a Police Officer. Following the oral board interview, the top three candidates will be notified that a background investigation will be conducted. If you are one of the three, this personal history statement will be used by the background investigator to conduct the background investigation. The results of the first phase of this investigation will be used to determine suitability for the position of police officer. The second phase of the background investigation is the background interview. Only the top candidate will be asked to come back for the background interview. If you are the top candidate and if the background investigation and subsequent interview are favorable, a final decision to offer you a position as Police Officer will be based upon your ability to satisfy all of the conditions set forth in the conditional offer of employment and upon the needs of the Stevensville Police Department.

Please keep the following in mind:

1. The completion of this Personal History Statement is mandatory.
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 provided by you during the background investigation, discovery of that fact will disqualify you from further consideration. If the discovery is made after the Stevensville Police Department has hired you, it is grounds for immediate termination.**

An applicant who is invited to the secondary phase of the background 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 is no adequate room on the form. Additionally, make sure that any questions on additional sheets are clearly identified as to what question number the answer references.

CONFIDENTIALITY:

The Stevensville Police Department considers the contents of the Personal History Statement to be confidential, and will be used by the Stevensville Police Department for the sole purpose of evaluating your suitability for employment as a Police Officer. However, if it is discovered that you are currently involved in any criminal activity, or have committed an undisclosed 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 Stevensville Police Department. If you have any questions regarding this, or any other aspect of the application process, contact Stevensville Police Chief James Marble, (406) 777-3011.

CERTIFICATION:

I certify that I have read the opening statement and instructions for the Stevensville Police Department 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

3. Your mailing address (if different from your physical address):

_____	_____	_____	_____	
PO Box or Number	Street	City	State	Zip

4. Phone numbers where you can be reached:

Home _____ Work _____

Page/Cell _____

Message _____

5. Date of Birth: _____

6. Place of Birth (city and state or country): _____

You must be a U.S. citizen for this position. *You must provide a certified copy of your naturalization papers and proof of citizenship if you were born in a country other than the U.S.*

7. 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, AND 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. Inquires will be confined to job-relevant matters.

8. 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, SISTERS, AND STEP-PARENTS.**

Father _____	Current Address _____
Work Phone _____	Home Phone _____

Mother _____	Current Address _____
Work Phone _____	Home Phone _____

Father-in-law _____	Current Address _____
Work Phone _____	Home Phone _____

Mother-in-law _____	Current Address _____
Work Phone _____	Home Phone _____

Ex-spouse _____	Current Address _____
Work Phone _____	Home Phone _____

Other _____	Current Address _____
Work Phone _____	Home Phone _____

Other _____	Current Address _____
Work Phone _____	Home Phone _____

Other _____	Current Address _____
Work Phone _____	Home Phone _____

Other _____	Current Address _____
Work Phone _____	Home Phone _____

9. List as personal or professional references up to 6 individuals who have knowledge of you and your qualifications.

Name _____	Current Address _____
Work Phone _____	Home Phone _____

Name _____	Current Address _____
Work Phone _____	Home Phone _____

Name _____	Current Address _____
Work Phone _____	Home Phone _____

Name _____	Current Address _____
Work Phone _____	Home Phone _____

Name _____	Current Address _____
Work Phone _____	Home Phone _____

Name _____	Current Address _____
Work Phone _____	Home Phone _____

10. List individuals with whom you have resided within the past ten (10) years. List no information prior to your 15th birthday. **Exclude family members.** Use an additional sheet if necessary.

Name 1 _____
Address _____
Phone Number _____
Name 2 _____
Address _____
Phone Number _____
Name 3 _____
Address _____
Phone Number _____
Name 4 _____
Address _____
Phone Number _____
Name 5 _____
Address _____
Phone Number _____

RESIDENTIAL HISTORY

11. Please list all of your residences during the last ten (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 if necessary.

Address _____
From _____ To _____
Reason for leaving _____

Address _____
From _____ To _____
Reason for leaving _____

Address _____
From _____ To _____
Reason for leaving _____

Address _____
From _____ To _____
Reason for leaving _____

Address _____
From _____ To _____
Reason for leaving _____

Address _____
From _____ To _____
Reason for leaving _____

Address _____
From _____ To _____
Reason for leaving _____

Address _____
From _____ To _____
Reason for leaving _____

Address _____
From _____ To _____
Reason for leaving _____

EDUCATION

12. 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 space(s).

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

13. List all the schools that 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 if necessary.

School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		
School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		
School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		
School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		
School Name _____	From _____	To _____
Address _____		
Highest Grade Completed (circle one)	9	10 11 12
Teacher or reference _____		

☐ No

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PREVIOUS EMPLOYMENT

15. List all the jobs that you have held during the last ten (10) years beginning with your most current employment. Part-time, temporary, and volunteer work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings. Use additional sheets of paper if more space is needed. Make sure and continue with the same format as is listed below on the additional sheets.

Name, address, and telephone number of employer: _____ _____ _____ () _____ - _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military Service Title: _____ Division and/or Rank _____ Date of hire: ____/____/____ Termination Date: ____/____/____ Name you were known by: _____ Name of your supervisor(s): _____
Duties: _____ _____ _____ _____	
Names of Co-workers (up to three): _____ Reason for leaving: _____ _____	

Between job unemployment period: FROM _____ TO _____ Reason for unemployment: _____ _____

Name, address, and telephone number of employer: _____ _____ _____ () _____ - _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military Service Title: _____ Division and/or Rank _____ Date of hire: ____/____/____ Termination Date: ____/____/____ Name you were known by: _____ Name of your supervisor(s): _____
Duties: _____ _____ _____ _____	
Names of Co-workers (up to three): _____ Reason for leaving: _____ _____	

Between job unemployment period: FROM _____ TO _____ Reason for unemployment: _____ _____

Name, address, and telephone
number of employer:

() _____ - _____

☐ Full Time ☐ Part-Time ☐ Volunteer ☐ Military Service

Title: _____ Division and/or Rank _____

Date of hire: ____/____/____ Termination Date: ____/____/____

Name you were known by: _____

Name of your supervisor(s): _____

Duties: _____

Names of Co-workers (up to three): _____

Reason for leaving: _____

Between job unemployment period: FROM _____ TO _____

Reason for unemployment: _____

Name, address, and telephone
number of employer:

() _____ - _____

☐ Full Time ☐ Part-Time ☐ Volunteer ☐ Military Service

Title: _____ Division and/or Rank _____

Date of hire: ____/____/____ Termination Date: ____/____/____

Name you were known by: _____

Name of your supervisor(s): _____

Duties: _____

Names of Co-workers (up to three): _____

Reason for leaving: _____

Between job unemployment period: FROM _____ TO _____

Reason for unemployment: _____

Name, address, and telephone number of employer: _____ _____ _____ () _____ - _____	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military Service </div> Title: _____ Division and/or Rank _____ Date of hire: ____/____/____ Termination Date: ____/____/____ Name you were known by: _____ Name of your supervisor(s): _____
Duties: _____ _____ _____ _____	
Names of Co-workers (up to three): _____ Reason for leaving: _____ _____ _____	

Between job unemployment period: FROM _____ TO _____ Reason for unemployment: _____ _____

Name, address, and telephone number of employer: _____ _____ _____ () _____ - _____	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Military Service </div> Title: _____ Division and/or Rank _____ Date of hire: ____/____/____ Termination Date: ____/____/____ Name you were known by: _____ Name of your supervisor(s): _____
Duties: _____ _____ _____ _____	
Names of Co-workers (up to three): _____ Reason for leaving: _____ _____ _____	

Between job unemployment period: FROM _____ TO _____ Reason for unemployment: _____ _____

Yes _____ No _____

17. If you have had no previous employment, please explain here:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Yes _____ No _____

Yes _____ No _____

Yes _____ No _____

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MILITARY SERVICE

21. 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: _____

Dates of Service: From _____ To _____

Military Specialty: _____

Type of Discharge: _____

22. Have you registered with the Selective Service? Yes _____ No _____

If yes, when: _____

23. 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.:

24. 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

25. 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 statements 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 may be contacted for a report on your credit history. Use an additional sheet if necessary.

Monthly Income		Monthly Expenses	
Monthly Salary		Monthly Mortgage / Rent	
Other Household Income		Car Payments	
		Other Payments	
Total Monthly Income		Total Monthly Expenses	

Current Assets		Current Liabilities	
Savings		Mortgage(s) Balance(s)	
Checking Balance	<i>Optional Entry</i>	Car Loan(s)	
Real Estate Equity		Charge Account(s)	
		Total(s)	
Stocks and Bonds		Other Liabilities	
Automobile Equity			
Other Assets			
Total Assets		Total Liabilities	

26. Please supply the following information regarding financial institutions with which you have accounts or loans: *Do not list institution name. Reference types of institutions listed in column one and enter the type of institution in the space provided.*

Institution (bank, S & L, loan company)	Account Status (in default or good standing)	Type of Account

27. Please supply the following information about your charge accounts, credit cards, contracts or other financial liabilities: *Do not list institution name. Reference types of institutions listed in column one and enter the type of institution in the space provided.*

Institution (bank, dept store, contract, other)	Account Status (in default or good standing)	Type of Account

28. Have any of your bills been turned over to a collection agency within the last seven (7) years?
Yes _____ No _____

If yes, please give details including when, firms involved, and circumstances:

29. Have your wages been garnished within the last seven (7) years? Yes ___ No ___
If yes, please give details including when, firms involved and circumstances:

30. Have you had purchased items repossessed within the last seven (7) years?
Yes ___ No ___

If yes, please give details including when, firms involved, and circumstances:

31. 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

32. If you have ever been arrested, **taken into physical custody**, been issued a misdemeanor citation (exclude traffic citations), or been convicted of a crime, please give the following information:

- A. Incidents that occurred when you were a juvenile which have been sealed.
- B. Offenses expunged from your record for which you have received a pardon.
- C. Any other offenses that are part of a record that has been sealed by a court.

Agency	Charge	Date	Disposition

MOTOR VEHICLE OPERATION

35. 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 record check. Please supply the following information:

Name (as printed on your Driver's License)_____

Driver's License Number _____

Issuing State _____

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

Issuing State	Name under which licensed issued

37. Have you ever been refused issuance of a driver's license by this or any other state?

Yes _____ No _____

If yes, please explain when, where, and why:

38. 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:

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

Violation	Location	Date	Disposition

40. Please list all motor vehicle accidents which you have been involved in as the driver within the last seven (7) years: *Use extra sheets if necessary.*

Date	Location	Investigating Agency	Injury / Non-injury

41. If there is anything additionally that you wish to explain concerning your driving record, please do so here:

42. Please list all motor vehicles registered to you or your spouse:

Year	Make	Model	License #	State	VIN #

43. Montana law requires that owners of motor vehicles be covered by automobile liability insurance. Please list the company that insures each of the motor vehicles listed above.

Vehicle	Company	Address	Policy #	Expiration Date

44. Have you ever been refused issuance of automobile 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

45. Have you ever applied for a permit to carry a concealed firearm or other weapon?

Yes _____ No _____.

If Yes", was the permit granted? _____

Date issued: _____

Law Enforcement Agency _____

Purpose of permit: _____

46. Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned? Yes _____ No _____

47. If the necessity arose in the course of your employment as a Police Officer to use deadly force on a human being, would you have any reluctance to do so?

Yes _____ No _____

48. Do you have anything in your background that may disqualify you from becoming a Police Officer in the State of Montana? Yes _____ No _____.

If "Yes", please explain.

Please answer the following question in your own handwriting, and using no more than the line space provided. You are not required to use all of the line space.

49. Why do you want this job and how do you feel that this job will benefit you?

Applicant Signature: _____

Date: _____

SECTION VI



VETERANS' PUBLIC EMPLOYMENT PREFERENCE ACT

PERSONS WITH DISABILITIES PUBLIC EMPLOYMENT PREFERENCE ACT

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.

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.

EMPLOYMENT PREFERENCE FORM

Name _____

Social Security Number _____

Job Title _____

Position No. (If applicable) _____

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 _____

SECTION VII



STEVENSVILLE POLICE DEPARTMENT BENEFITS

BENEFITS

1. Hourly wage is starting at \$20.89 per hour.
2. Officers earn eight (8) hours of sick leave per month, with no accumulation limit. Accrued sick time is paid out upon separation at a rate of 25% of total accrual.
3. Officers are paid overtime for hours worked over 40 in a work week at the rate of time and one-half. Hours worked in a work week do not include sick time, vacation time, and/or holiday time.
4. Officers work eight (8) hour workdays or ten (10) hour workdays in the summer depending on department needs.
5. Officers are paid every two weeks.
6. Officers work various shift assignments and variable days off.
7. Officers receive eleven (11) paid holidays per year.
8. Officer receive fifteen (15) paid vacation days per year.
9. Insurance benefits package available for all employees who work a minimum of 30 hours per work week. Details available upon request.

VACATION

- ▶ 1 day through 10 years of service: employees earn 15 days vacation each year
- ▶ 10 - 15 years of service: employees earn 18 days of vacation each year.
- ▶ 15 - 20 years of service: employees earn 21 days of vacation each year.
- ▶ 21 years of service or more: employees earn 24 days of vacation each year

Note: Employees may not accumulate more than twice the annual vacation earned as of the last day of any calendar year.

RETIREMENT

Town of Stevensville employees participate in the State of Montana Public Employee Retirement System. Employee's current contribution rate is 7.9% of gross wages and the Town of Stevensville current contribution rate is 8.47% of gross wages.

SECTION VIII



STEVENSVILLE POLICE DEPARTMENT APPLICATION PACKET CHECKLIST

APPLICATION PACKET CHECKLIST

All forms and documents listed below must be included in the application packet. All packets will be checked for completeness and proper signatures when they are received. Return this checklist with your application packet.

APPLICANT CHECKLIST:

1. All forms complete & signed with legal name
2. Photocopy of birth certificate enclosed
3. Photocopy of high school diploma
4. Photocopy of college transcripts
5. Photocopy of applicants driver's license
6. Photocopy of applicants DD 214
7. Waiver signed and notarized
8. Application supplement completed
9. Personal history statement for completed

AGENCY REMARKS:

Date Received _____

Reviewed By _____