



Missoula County Sheriff's Office Reserve Deputy Application

Please complete this application by typing or printing in ink. Incomplete, illegible, or unsigned applications will not be considered. Applications are valid only for the testing period in which they are received.

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any candidate in violation of state or federal law.

Name: _____
LAST FIRST MIDDLE JR., SR., ETC.

Address: _____
STREET

CITY STATE ZIP CODE

Phone: () _____ () _____
HOME WORK E-MAIL ADDRESS

Section 7-32-213 of the Montana Code Annotated establishes minimum qualifications for reserve deputies and requires that a background investigation be conducted. The information requested below is necessary for confirmation that you meet those standards.

DATE OF BIRTH SOCIAL SECURITY NUMBER GENDER

Are you a citizen of the United States? _____
YES / NO

Have you resided in Montana continuously for at least the past year? _____
YES / NO

Have you resided in Missoula County continuously for at least the last six months? _____
YES / NO

If you answered "No" to either of the above two questions, when did your current residency in Missoula County begin? _____

You must have a Montana driver's license: _____
MONTANA DRIVER'S LICENSE NUMBER EXPIRES



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RELATIVES, REFERENCES, ACQUAINTANCES

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

NAME / RELATIONSHIP	ADDRESS	TELEPHONE

List individuals with whom you have resided within the past 10 years. List no information prior to your 15th birthday. **Exclude family members.**

NAME	ADDRESS	TELEPHONE



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RESIDENCE

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.

ADDRESS OF RESIDENCE	DATES (FROM/TO)	REASON FOR LEAVING	LANDLORD INFORMATION

CRIMINAL HISTORY & DRIVING RECORD:

1. Part of the background investigation will include a check of local, state, and federal criminal files:

A. Have you ever been convicted of a crime for which you could have been imprisoned in a federal penitentiary or state prison? _____

YES / NO

B. Have you ever been arrested? _____

YES / NO

C. If you answered "Yes" to either of the above questions, list the offense(s), arresting agency, and approximate date of each arrest or conviction. *Use the "Supplement" section of this form to include additional information or explanations.*

2. Another part of the background investigation will include a check of your driving history:

A. Have you ever been issued a driver's license in another state? _____

YES / NO

B. Have your driving privileges ever been suspended or revoked? _____

YES / NO



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C. Have you ever been convicted of:

1) Driving while under the influence of any intoxicating substance? _____
YES / NO

2) Reckless driving, careless driving, failure to drive in a careful and prudent manner, or any similar offense(s)? _____
YES / NO

D. Have you been involved in one or more property damage (more than \$500) or personal injury accidents within the past ten years? _____
YES / NO

E. If you answered "Yes" to any of the above questions, provide a description of the offense or incident, location, and approximate date(s). Use the "Supplement" section of this form to include additional information or explanations.

F. How many traffic citations have you received in the past ten years? _____

Of those, how many resulted in conviction? _____

EDUCATION, TRAINING, & SPECIAL SKILLS:

1. High school: You must be a graduate of an accredited high school or equivalent. List the name and address of the high school from which you graduated or received an equivalency certificate:

Diploma or or Equivalency certificate

YEAR RECEIVED

2. Post-high school: Complete the columns below for colleges, universities, or other educational institutions you attended after high school.

NAME OF INSTITUTION	DATES	CREDIT HRS.	DEGREE(S)	DATES	MAJOR COURSE OF STUDY



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3. Professional licenses & certificates: Complete the columns below for professional licenses, registrations, certificates, etc. you currently hold.

LICENSING AGENCY / ORGANIZATION	TYPE OF LICENSE / CERTIFICATION	ISSUE DATE

4. Special skills: List special skills, and your level of expertise, that you possess and feel would be an asset to the reserve deputy unit. *Be sure to include such things as emergency medical training, language skills, etc.* Use the "Supplement" section of this form if additional space is necessary.



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EDUCATION, TRAINING, & SPECIAL SKILLS (continued):

5. Keyboarding & computers: All reports by this department are prepared on computers. Reserve deputies must be able to type and employ basic computer skills.

	YES	NO	LEVEL OF EXPERTISE
Do you have keyboarding training & experience?			
If yes, have you performed keyboarding functions in the past six months?			
Do you have personal computer training & experience?			
Do you have mainframe computer training & experience?			

EXPERIENCE:

1. Employment history: Current and past employers or supervisors will be contacted as part of the background investigation required by law of successful candidates. Beginning with your current or most recent job, complete the information below for each employer during the past ten years. Use the "Supplement" section of this form if additional space is necessary.

NAME OF BUSINESS, AGENCY, ORGANIZATION, ETC.	TYPE OF BUSINESS
ADDRESS	PHONE
YOUR JOB TITLE	NAME OF IMMEDIATE SUPERVISOR
EMPLOYMENT DATES: _____ TO _____ FULL-TIME? <input type="checkbox"/> <u>OR</u> , PART-TIME? <input type="checkbox"/>	
IF NO LONGER EMPLOYED, WHY DID YOU LEAVE? _____	
BRIEF DESCRIPTION OF YOUR DUTIES: _____	

NAME OF BUSINESS, AGENCY, ORGANIZATION, ETC.	TYPE OF BUSINESS
ADDRESS	PHONE
YOUR JOB TITLE	NAME OF IMMEDIATE SUPERVISOR
EMPLOYMENT DATES: _____ TO _____ FULL-TIME? <input type="checkbox"/> <u>OR</u> , PART-TIME? <input type="checkbox"/>	
IF NO LONGER EMPLOYED, WHY DID YOU LEAVE? _____	
BRIEF DESCRIPTION OF YOUR DUTIES: _____	



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EXPERIENCE - EMPLOYMENT HISTORY (continued):

NAME OF BUSINESS, AGENCY, ORGANIZATION, ETC.	TYPE OF BUSINESS
ADDRESS	PHONE
YOUR JOB TITLE	NAME OF IMMEDIATE SUPERVISOR
EMPLOYMENT DATES: _____ TO _____ FULL-TIME? <input type="checkbox"/> OR, PART-TIME? <input type="checkbox"/>	
IF NO LONGER EMPLOYED, WHY DID YOU LEAVE? _____	
BRIEF DESCRIPTION OF YOUR DUTIES: _____	

NAME OF BUSINESS, AGENCY, ORGANIZATION, ETC.	TYPE OF BUSINESS
ADDRESS	PHONE
YOUR JOB TITLE	NAME OF IMMEDIATE SUPERVISOR
EMPLOYMENT DATES: _____ TO _____ FULL-TIME? <input type="checkbox"/> OR, PART-TIME? <input type="checkbox"/>	
IF NO LONGER EMPLOYED, WHY DID YOU LEAVE? _____	
BRIEF DESCRIPTION OF YOUR DUTIES: _____	

2. Volunteer organizations: Membership in the reserve deputy unit requires a significant contribution of your time and the ability to respond during emergencies. Many emergencies also involve other organizations such as fire, medical, National Guard, American Red Cross, etc. List below your other volunteer commitments, including military reserve and National Guard.



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MEDICAL HISTORY: The duties of a reserve deputy often require sudden, intense, physical exertion as well as the routine abilities to effectively manage stressful situations, distinguish colors, and perform under a wide range of environmental conditions. Montana law requires reserve deputies to be in good physical condition and be able to pass a physical examination. Answer the following questions and use the "Supplement" section below if explanations are necessary. Successful candidates will be required to complete a more specific medical history form.

	YES	NO
Are you generally familiar with the physical requirements to perform law enforcement duties?		
Do you have any physical condition that limits your physical activity?		
Are you being treated for any chronic medical or psychological condition that you feel may limit your ability to fully function as a reserve deputy sheriff?		
Do you suffer from color blindness?		
Have you had a physical examination within the past one year?		

SUPPLEMENT: Use this space, and additional sheets if necessary, to include more information from other sections of this form.



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FINANCIAL:

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 that follows. The amount of indebtedness, in itself will not be used in evaluating your qualifications. The behavior exhibited in meeting our financial obligations will be reviews. A credit-reporting agency will be contacted for a report of your credit history.

CURRENT MONTHLY INCOME	<i>CURRENT MONTHLY EXPENDITURES</i>
Monthly Salary	Mortgage payment(s)
Spouse's salary	Rent
Other Monthly Income	Other Monthly Payments
	Estimate monthly cost of living (include utilities, food, gasoline, home & car maintenance, etc.) and any other obligations.
Total Monthly Income	Total Monthly Expenditures



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FINANCIAL (Continued):

CURRENT ASSETS		CURRENT LIABILITIES	
Savings		Mortgages	
checking balance		Automobile loans	
Real estate (appraised or assessed value)		Charge accounts (total)	
Stocks and bonds		Other Liabilities (describe)	
Life Insurance (cash value)			
Automobiles			
Other assets (describe)			
Total Assets		Total Liabilities	

Please supply the following information regarding financial institutions that you have accounts or loans with:

Institution (Bank, S&L, Loan Company)	Account Number	Type of Account (checking, savings, loan)

Please supply the following information about your charge accounts, contracts, or other financial liabilities:

Name of Firm	Address	Account Number



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DRUG USE QUESTIONNAIRE:

Have you used, tried, experimented, or in any way introduced into your body by any means:

Drug	Yes	No	Date first used	Date last used	used once
Marijuana					
Hashish, Hashish oil					
Cocaine					
Crack, Rock, Ice					
Barbiturates, Hypnotics, or Downers					
Amphetamines, (cross-tops, Whites Bennies, "Uppers")					
Methamphetamines (Speed, Crank)					
LSD or other Hallucinogens					
PCP (Angel dust, Shem)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not prescribed for you					

QUESTIONNAIRE	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance, which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold any illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

Explain any "YES" answer to the "Drug Questionnaire" in detail below, to include when, where, and what kind of drug, how taken and circumstances. _____



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My signature below certifies that all information on this application is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I understand that teletype inquiries of my driving record and any criminal history will be conducted as part of the preliminary applicant screening process. I further understand that falsifications or misrepresentations will result in elimination from consideration for membership in the Missoula County Sheriff's Office Reserve Deputy Unit.

SIGNATURE

DATE



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Authorization to Release Information

TO: _____

As an applicant for a position with the Missoula County Sheriff's Department, I understand I am required to furnish information for use in determining my qualifications and suitability for employment. I understand this will include a review of my driving record and criminal history check. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment. This is deemed an occupational necessity due to requirements set forth by Montana State Statute.

I hereby authorize the representative of MISSOULA COUNTY bearing this release or a copy thereof, within one year of its date, to obtain any information pertaining to me, including information of a confidential or privileged nature. I authorize 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 to the Missoula County Sheriff's Department any and all information they may have concerning me.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of MISSOULA COUNTY. I further understand that I waive any right or opportunity, now and in the future, to read, review or otherwise discover the contents of this investigation and all documents related thereto.

I hereby release the agency with which I am seeking employment and any organization, company, institution or person furnishing information to that agency from any liability or damage which may result from furnishing the information requested.

(Printed full name)

Social Security Number

Date of Birth

Signature

Date

+++++

(For Office Use Only)

I CERTIFY THAT I HAVE COMPLETED THE FOLLOWING:

CJIN/NCIC QUERY

Sheriff's Representative Date

FINGERPRINT BACKGROUND CHECK _____