



## Sweet Grass County Government Employment Application

Sweet Grass County is an equal opportunity employer, dedicated to a policy of non-discrimination in employment or the provision of services on any basis including race, color, religion, sex, age, sexual orientation, disability or national origin. Sweet Grass County only hires individuals authorized to be employed in the United States.

**Answer each question fully and accurately. Please print in INK or TYPE, except for signature on application.**

**Position Applied for:** \_\_\_\_\_

### Applicant Information

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First M.I.

**Mailing Address:** \_\_\_\_\_  
Mailing address City State Zip Code

**Phone:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Date Available for employment:** \_\_\_\_\_ **Desired Salary:** \_\_\_\_\_

**Are you eligible to work in the United States?** Yes \_\_\_ No \_\_\_

**Desired Employment?** Full-time \_\_\_ Part-time \_\_\_

**Hours of work per week desired?** \_\_\_\_\_

**Have you ever worked for Sweet Grass County Government?** Yes \_\_\_ No \_\_\_



### Application Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous for a reference? Yes \_\_\_ No \_\_\_



Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous for a reference? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous for a reference? Yes \_\_\_ No \_\_\_





#### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Are you currently in the Armed Forces: Yes \_\_\_ No \_\_\_

#### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_



#### Disclaimer and Signature

### JOB APPLICANT'S AGREEMENT AND VERIFICATION

I certify that the information given by me in the application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Sweet Grass County and myself for either employment or for the provision of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Sweet Grass County unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Sweet Grass County retains the same right.

In the event that I have a disability as defined under the American with Disability Act (ADA), I may contact Human Resources to request reasonable accommodation in the application or interview process. I understand that prior to being offered employment with Sweet Grass County I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will also inform Sweet Grass County prior to the administration of the test so that a reasonable accommodation can be made. Sweet Grass County reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules, which are issued by Sweet Grass County, are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## **SWEET GRASS COUNTY SHERIFF'S OFFICE AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern:

I am an applicant for a position with the Sweet Grass County Sheriff's Office (SGSO). The SGSO needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the SGSO bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a full review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the SGSO, whether said records are public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the SGSO to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I contest to your release of all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my financial status, my criminal history record, including any arrest records, any information contained in any investigatory files, efficiency ratings, complaints or grievance files by or against me, the records or recollections of attorneys at law, or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of the SGSO, including its officers, employees or related personnel both individually and collectively, from any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the SGSO regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For, and in the consideration of the SGSO, acceptance and processing of my application for employment, I agree to hold the SGSO, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the SGSO. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, The Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the SGSO in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City                      State                      Zip

Signed and subscribed to before me this  
\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of Montana  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

\_\_\_\_\_