

Ravalli County Sheriff's Office
205 Bedford Street, Suite G
Hamilton, MT 59840



Steve Holton, Sheriff
Travis McElderry, Undersheriff

County of Ravalli - Application for Employment

(Prepared by Ravalli County Sheriff's Office)

We are an equal Opportunity Employer. We encourage applications from all persons regardless of Race, Religion, Gender, Age, National Origin or Disability.

Ravalli County Position for which you are applying: _____

How did you hear about us? _____

Name: _____
Last First Middle Initial

Present Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Telephone: _____
Home/Cell Work

As part of the initial background check, please provide the following information:

Date of Birth _____ Driver's License Number _____

Do you need any accommodation to participate in the application or interview process? Yes _____ No _____

COMPLETED EDUCATION:

High School Location Diploma (Yes, No) Date Graduated

College Location Degree (Major/Minor) Date Graduated

Trade/Business School Location Degree/Diploma/Course of Study Date Graduated

WORK EXPERIENCE: CURRENT EMPLOYER

Name of Employer	Supervisor	From (Mo/Yr)	To (Mo/Yr)	
Address of Employer	Street	City	State	Zip
Position	Duties (Attach Additional Sheet, if Necessary)			

**WORK EXPERIENCE: FORMER EMPLOYERS – ALL employment for the past ten (10) years.
(Begin with most recent. Attach additional sheets if necessary)**

Name of Employer	Supervisor	From (Mo/Yr)	To (Mo/Yr)	
Address of Employer	Street	City	State	Zip
Position	Duties (Attach Additional Sheet, if Necessary)			

Name of Employer	Supervisor	From (Mo/Yr)	To (Mo/Yr)	
Address of Employer	Street	City	State	Zip
Position	Duties (Attach Additional Sheet, if Necessary)			

Name of Employer	Supervisor	From (Mo/Yr)	To (Mo/Yr)	
Address of Employer	Street	City	State	Zip
Position	Duties (Attach Additional Sheet, if Necessary)			

PERSONAL REFERENCES (Other than relatives and former employers):

1.

Name	Address	City/State/Zip	Phone #

2.

Name	Address	City/State/Zip	Phone #

3.

Name	Address	City/State/Zip	Phone #

RECOMMENDATIONS:

May we contact your references, your present employer, and your former employers for recommendations?
Yes _____ No _____ If NO, please explain why not.

SKILLS AND EXPERIENCE:

Indicate the skills and experience you have for the position for which you are applying:

SPECIAL QUALIFICATIONS:

What special work experience, training, or other qualifications do you have that will, in your opinion, make you successful in the job you are seeking?

SINCE YOU ARE APPLYING FOR A POSITION THAT MAY INVOLVE WORKING WITH THE GENERAL PUBLIC, HANDLING OF MONEY OR COUNTY PROPERTY, AND DRIVING A COUNTY VEHICLE, PLEASE COMPLETE THE FOLLOWING SECTION:

Have you ever been convicted with any crime? Yes _____ No _____
If YES, please explain the nature of the crime or charge.

MILITARY SERVICE:

Are you a veteran? Yes _____ No _____ Dates of Service: _____

Have you applied with Ravalli County Sheriff's Office in the past? Yes _____ No _____

If YES, please explain which position(s) you applied for.

DEMOGRAPHIC INFORMATION

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

ETHNICITY	Hispanic/Latino	_____
	Non Hispanic/Latina	_____
RACE (Mark one or more)	White	_____
	African American	_____
	American Indian/Alaska Native	_____
	Asian	_____
	Native Hawaiian or other Pacific Islander	_____
GENDER	Male	_____
	Female	_____

I hereby authorize Ravalli County Sheriff's Office to inquire from any of my former and current employers and references regarding my background, employment, and performance and to confirm the accuracy of the information I have provided in this application. I release and hold the County harmless from any liability arising from such inquiry. I understand that misrepresentation or omission of information requested in cause for dismissal, and I affirm that the information provided in this application is complete and accurate.

Applicant's Signature

Date