

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/Email: \_\_\_\_\_  
Home or Cell Email Address

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)

College Location Degree (Major/Minor)

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

**WORK EXPERIENCE: CURRENT EMPLOYER**

---

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

---

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

---

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

---

---

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

---

---

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

---

**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.

**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**

**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.

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