



City of Whitefish

Officer Qualifications, Salary & Benefits



Qualifications:

1. Must be 18 years of age.
2. Must submit to a physical and psychological exam including a drug screening
3. Must have no felony or high misdemeanor convictions.
4. Must be eligible to obtain a valid Montana Driver's License.
5. Must pass Peace Officer Standards and Training (POST) written Exam.
6. Must possess a departmental physical fitness exam and Peace Officer Standards and Training (POST) exam prior to entering the Academy.
7. Must be able to work rotating shifts.
8. Must be a High School Graduate (College Degree preferred).
9. Must submit a completed **Employment Application for Public Safety Officer, Resume, and Letter of Interest** no later than 1600 hours on March 9, 2015. Application materials can be mailed to 275 Flathead Avenue, Whitefish, MT 59937 or emailed to apps@cityofwhitefish.org.
10. Candidates who have successfully passed the POST written exam must attach the dated results to their application.
11. POST certified Officers must provide a copy of their POST Certification. However, there is still a requirement to pass the departmental physical fitness exam.

Salary:

Starting salary is \$20.43 per hour with a 5% increase after successfully completing a one (1) year probationary period.

Benefits:

Health and Dental Insurance (partially paid), Uniform Allowance, paid holidays, and three (3) weeks paid vacation per year.

STANDARD APPLICATION FOR POSITION OF PUBLIC SAFETY OFFICER IN THE STATE OF MONTANA

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.

INSTRUCTIONS: You may complete this application by filling it on your computer, then saving and printing the completed form. If you prefer, you may print the application and fill it in manually. Be sure to sign it before delivering or mailing it to the agency address on the job listing. An application tailored to the position is to your advantage.

LATE, INCOMPLETE or UNSIGNED applications will NOT be considered.

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 disabled persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining disabled 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.

Last Name _____ First _____ MI _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

E-mail Address _____

Do you have a valid driver's license? Yes () No ()

My signature below certifies that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

EMPLOYERS MAY BE CONTACTED AS REFERENCES.

Signature _____ Date Signed _____

EDUCATION

High School Name _____

Address of High School awarding diploma or equivalency certificate _____

Received diploma or equivalency certificate: Yes () No () If No, highest grade completed _____

College or University Name _____ Dates Attended _____

Location _____ Credit Hours Earned _____ Degrees Received (BA, MA, etc.) _____

Date of Degree _____ Major Field _____ Minor Field _____

List other schools or training that help you qualify.

Name _____ Location _____

Dates Attended _____ Did You Complete? Yes () No ()

Title/Description of Course _____ Total Hours _____

PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES (EMT, GVW, Diver, POST, etc.)

Name and Complete Address of Licensing Agency _____

Type of License _____

Endorsement/Restriction (if applicable) _____ Date Licensed _____

SPECIAL SKILLS (Check the skills you possess. Specify speed/errors where requested.)

Typing ___/___ 10-Key () Accident Investigation () Legal Terminology () Medical Terminology () Photo Skills ()

Computer Software _____

Computer Languages _____

Other _____

CRIMINAL CONVICTIONS (List any criminal convictions you have had as an adult.)

EQUIPMENT (List types of equipment you can operate and specify name or model you have used such as radio equipment, computers, video equipment, alcohol consumption testing equipment, etc.)

EXPERIENCE

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper provided you answer all questions in the blocks and follow the same format. On each sheet, write your name and the job title for which you are applying. This information must be completed even if you submit a resume.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? Yes () No ()

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Salary or Wage Start _____ Salary or Wage Ending _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Salary or Wage Start _____ Salary or Wage Ending _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

ADDITIONAL EMPLOYMENT EXPERIENCE

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Salary or Wage Start _____ Salary or Wage Ending _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Salary or Wage Start _____ Salary or Wage Ending _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Salary or Wage Start _____ Salary or Wage Ending _____

Your Job Title _____ Full-time () Part-time () Volunteer ()

Immediate Supervisor(s) _____ Phone Number _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised and accomplishments)

Reason for Leaving _____

EMPLOYMENT PREFERENCE FORM

Name _____ Social Security Number _____

Job Title _____ Position No. _____ 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 _____



City of Whitefish

PO Box 158

Whitefish, MT 59937-0158

Phone: (406) 863-2400 Fax: (406) 863-2419

Authorization to Release Information, Driving Record and/or Criminal History

I am an applicant for a position with the City of Whitefish, Montana. I am required to furnish information which this agency may use in determining my employment qualifications. In this connection, I hereby expressly authorize release of driving record and/or criminal history information.

In addition, I hereby authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person for which I have been employed to furnish the information requested. I authorize the use of duplicated copies of this document to serve as the original.

As a condition of employment or continued employment I authorize any division of motor vehicles to release information regarding my driving record, if driving is a function of the position.

I hereby release all parties, persons connected with any such request for information from claims, liability and damages for any reason arising out of furnishing such information and release the agency with which I am seeking employment and any organization, company, institution or person furnishing information to that agency as expressly authorized above, from any claims, liabilities and damages for any reason which may result from furnishing the information requested.

Signature Date _____ 20____

Print Full Name: _____

A.K.A.'s (also known as): _____

Present Address: _____
Street Address

City State Zip

Social Security Number: _____

Date of Birth: _____

Driver's License Number _____ Exp. Date: _____

State Issued: _____

Department and Position you Applied for: _____

<p>FOR DEPARTMENT USE ONLY:</p> <p><input type="checkbox"/> None required <input type="checkbox"/> Criminal History (CH) <input type="checkbox"/> Driving Record (DR)</p> <p>Return to: _____</p> <p><input type="checkbox"/> Urgent, please contact ASAP: # or e-mail: _____</p>	<p>CITY USE ONLY:</p> <p><input type="checkbox"/> CH Clean <input type="checkbox"/> CH – See attached <input type="checkbox"/> Driving Attached</p> <p>Initials: _____</p>
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