

**APPLICATION FOR POSITION OF PUBLIC SAFETY OFFICER (STATE OF MONTANA)**

**Gallatin Airport Authority**

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.**

The Gallatin Airport Authority 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.

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 Code ( ) 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.)

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**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 \_\_\_\_\_

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) \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

**ADDITIONAL EMPLOYMENT EXPERIENCE**

Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Date Employed \_\_\_\_\_ Average Hours Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ Full-time ( ) Part-time ( ) Volunteer ( )

Immediate Supervisor(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_