



**OFFICE OF SHERIFF / CORONER
3800 ULM NORTH FRONTAGE ROAD
GREAT FALLS, MT. 59404**

**SHERIFF
Bob Edwards**



**UNDERSHERIFF
John Stevens**

CONFIDENTIALITY

I, _____ understand the MCA
(print name)

Statutes, the Cascade County Policy and Sheriff's Office mandate concerning confidentiality. I understand that violation of these statutes and policies will result in disciplinary action, to include dismissal.

I understand that law enforcement information derived from investigations is confidential. This includes criminal investigative information, intelligence information, fingerprints and photographs and any other information or records made so by law.

I understand that employees should hold confidential all information deemed not for public consumption. That confidentiality of information obtained while in the performance of my duties will be respected and used responsibly and only disseminated to person(s) as directed by the Sheriff or his designee.

I understand that information gained through conducting administrative duties, as a member of an administrative board, administrative decision making entity or the daily processing of the administrative decision-making information is confidential, is not general knowledge to be released, unless authorized by the Sheriff or his designee.

Signature

Date



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PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the CASCADE COUNTY SHERIFF'S OFFICE for the position of

_____, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the CASCADE COUNTY SHERIFF'S OFFICE and their officers, agents, or assigns, now and in the future, from any claim or damages in law or inequity on behalf of myself, my heirs, and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related document thereto.

Dated this ____ day of _____, 20_____.

Signature of Applicant: _____

Subscribed and Sworn to before me the ____ day of _____, 20_____

Notary Public for the State of Montana

Residing at: _____

My Commission expires: _____

(NOTARIAL SEAL)



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LETTER OF UNDERSTANDING

I am applying for a position with the CASCADE COUNTY SHERIFF'S OFFICE therefore I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation at a minimum, which consists of the following areas of concern:

- Review of my completed Personal History Statement
- Evaluation of a Johnson, Roberts Personal History Questionnaire
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my personal credit / financial report

A Hiring Review Board will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a conditional offer of employment which will be followed by completion of some or all of the following tests, depending upon position being sought.

- Drug Screening Test
- Standard medical examination
- Hearing test
- Psychological evaluation
- Physical abilities test
- Firearms aptitude evaluation

The aforementioned tests will be administered in a manner selected by the CASCADE COUNTY SHERIFF'S OFFICE. I understand that the results of the tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A second Hiring Review Board will evaluate all tests in light of the requirements of the job, along with previous information and will make a final decision as to my suitability for employment, before making recommendations to the Sheriff. The Sheriff will make the final selection(s).

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the CASCADE COUNTY SHERIFF'S OFFICE only that I will be considered for positions as they become available, pursuant to established rules and regulations of the CASCADE COUNTY SHERIFF'S OFFICE. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the CASCADE COUNTY SHERIFF'S OFFICE.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____, 20____

Notary Public for the State of Montana
Residing at: _____
My Commission expires: _____

(NOTARIAL SEAL)



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AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____
Please print your full name

Date of Birth _____ SSN# _____

As an applicant for a position with the CASACDE COUNTY SHERIFF’S OFFICE I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement or related employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services public agencies, and all others, to furnish the CASCADE COUNTY SHERIFF’S OFFICE any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form in your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____, 20____

(NOTARIAL SEAL)

Notary Public for the State of Montana
Residing at: _____
My Commission expires: _____