CASCADe COunTy

Job Vacancy Announcement

Submit all application materials to:
Cascade County Human Resources Department
325 2nd Ave N #108
Great Falls, MT 59401

Applications available at the Human Resources Department; www.cascadecountymt.gov or Job Service.

Position: Criminal Records Clerk  
Salary: $15.45 per hour
Schedule: Full-time with Benefits  
Closing Date: Open Until Filled
Department: Cascade County Sheriff’s Office  
Administrator: Sheriff Slaughter

Application Requirements:

✓ A completed Cascade County Employment Application.
✓ Complete and notarized supplemental documentation with PREA Signature sheet.
✓ Copy of a photo ID.
✓ Copy of Diploma, GED or HSE.
✓ A detailed Resume.
✓

Please note, all portions of the hiring process, up to and including the Application itself, are subject to evaluation and scoring for ranking and selection of potential employees.

Education/Experience/Training:

➢ High School Diploma, HSE or GED and two (2) years of general office experience required.

Certifications:

➢ Applicant must successfully complete certification for CJIN/NCIC within six (6) months of hire and be re-certified every two (2) years.
➢ Valid Driver’s License issued by the State of Montana or ability to obtain within 90 days.

Job Summary: The Criminal Records Clerk collects, reviews, reads and interprets incident and investigative reports, enters required information in CJIN/NCIC and electronic data records storage systems, maintains criminal justice records, processes reports, conducts criminal history background checks and driving records, reads criminal citations, support documentation and reports for accuracy and process to court(s) and other agencies, registers, processes and files as statutorily required documentation for sexual and violent offenders, coordinates requests for and files coroner reports and supporting documents, processes requests for correspondence and reports from citizens, private corporations and other local, state and federal agencies, answers inquiries and obtains information for the general public, employees, visitors and other interested parties by telephone, in person or in writing and performs other related duties as required or assigned.

Essential Job Duties and Responsibilities: The Criminal Records Clerk must successfully complete certification for the CJIN/NCIC (Criminal Justice Information Network, National Crime Information Center) within six (6) months of hire and be re-certified every two (2) years, Proficiently operate a computer to complete required job duties, gather and process document and record information; organize, plan and
CASCADE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
CASADE COUNTY
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER
The information contained on this form is sought in good faith. It will not be used in any
way to discriminate against any applicant for employment in violation of state and federal
law. Published on June 7th, 2013.

IMPORTANT: Please type or print in ink. You may respond to sections 4, 5, and 9 on separate sheets of paper if all relevant blocks are
completed and the same format is followed. On each sheet, write your name and the job title of the position(s) for which you are
applying. You may submit a legible photocopied application. If you photocopy your application, leave sections 1, 2, and 3 blank and
complete these sections each time you apply. You must sign and date, in ink, each application you submit. LATE, INCOMPLETE or
UNSIGNED applications will not be considered.

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted (supplement
questions, transcript, Employment Preference Form, etc.); (b) where to submit your application; (c) the required special qualifications or
licenses; (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Under state and federal law, qualified applicants with disabilities are entitled to reasonable accommodations. Modifications or
adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of
the job, or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an
accommodation when needed. A description of the selection process and the essential job duties is included in the vacancy
announcement.

Employment Preference: The Veterans’ Employment Preference Act and the Persons with Disabilities Employment Preference Act
provide preference in public employment for certain military veterans and people with disabilities, or the eligible relatives thereof. An
applicant claiming employment preference must complete an Employment Preference Form, available through Human
Resources or your local Montana Job Service. The applicant must indicate at the bottom of page five (5) that the necessary
documentation is attached. Contact your local Montana Vocational Rehabilitation Services Office (Department of Public Health and
Human Services) for detail on obtaining disabilities preference certification. For more information, contact your local Job Service.

1. Name: ___________________________ ___________________________ ___________________________
   Last        First       M.I.

2. What position are you applying for? (See Job Vacancy
   Announcement.)
   Position: ___________________________

3. Address: ___________________________
   Street

   City       State       Zip Code

   Phone Number: ___________________________
   Work       Home       Cell

   Have you ever been convicted of a crime involving theft, abuse, neglect, or mistreatment of an individual or any other felony/
misdemeanor (except routine traffic violations)? A conviction will not necessarily disqualify you for the position.
   Yes       No       If yes, list on a separate sheet of paper the convictions.

4. My signature below certifies that all information on this and all attached pages (checked below) are true, correct and complete to
   the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may
disqualify me from consideration for employment with Cascade County or, if hired, may be grounds for termination at a later date.
   Employers may be contacted as references. In the spaces below, I have checked attachments, including those required in the job
   vacancy announcement. I understand that, if I am the final applicant for the applied position, a criminal background check may be
   conducted and the results thereof may disqualify me from consideration for employment with the County.

   Responses to Supplemental Questions       Transcript       DD-214       Resume       DPHHS Certification

   Typing/Ten-key Certification       Other (specify)

Signature: ___________________________ Date: ___________________________
5. **EDUCATION:** You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) if all relevant blocks are completed and the same format is followed.

High School Name and Address:  

<table>
<thead>
<tr>
<th>College, University, Other Schools &amp; Training Courses Name and Location</th>
<th>Dates Attended</th>
<th>Did you receive a degree or certificate?</th>
<th>Date Received</th>
<th>Major or Minor Field</th>
<th>Credits Earned - Indicate Quarter or Semester Hours</th>
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6. **List current** Professional Licenses, Registrations, or Certifications (engineering, medical, CPA, etc.)

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<th>Licensing Agency Name and Location</th>
<th>Type of License</th>
<th>Endorsement/Restriction (if applicable)</th>
<th>Date Issued</th>
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7. If applying for skilled crafts jobs, are you a recognized journey level worker?  □ Yes  □ No

If Yes, what apprenticeship?  

Number of years:

8. **Special skills - check the skills you possess. Specify speed/errors where requested.**

□ Typing _____ / _____  □ Data Entry _____ / _____  □ Ten-Key _____ / _____  □ Legal Terminology  □ Medical Terminology

Other:  

Computer Programming Languages (specify):

Computer Software:

Equipment - List types of equipment you can operate and specify name or model you have used:
9. EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position which you are applying. **Begin with your present or most recent experience.** Include military service that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and follow the same format as below. On each sheet write your name and job title for which you are applying.

This information must be completed even if a resume is submitted.

**Notice to applicants:** Information you provide on this application is subject to verification. Previous employers may be contacted as references.

**May we contact your present employer?**  □ Yes  □ No

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<th>Name &amp; Complete Address of Employer</th>
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<th>Your Job Title:</th>
<th>Dates Employed:</th>
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<th>Immediate Supervisor:</th>
<th>Avg. Hrs. Per Week:</th>
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<th>Full-time  □ Part-time □ Volunteer</th>
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**Describe your duties in detail:** (knowledge, skills, abilities required, employees supervised, accomplishments)

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<th>Reason for Leaving:</th>
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**Your Job Title:** __________________________

**Dates Employed:** _______/______ to _______/______

**Immediate Supervisor:** ________________________

**Avg. Hrs. Per Week:** ______

**Total Time Employed:**

**Phone Number:** _______________________

☐ Full-time  ☐ Part-time  ☐ Volunteer

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

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**Immediate Supervisor:** ________________________

**Avg. Hrs. Per Week:** ______

**Total Time Employed:**

**Phone Number:** _______________________

☐ Full-time  ☐ Part-time  ☐ Volunteer

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

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**Immediate Supervisor:** ________________________

**Avg. Hrs. Per Week:** ______

**Total Time Employed:**

**Phone Number:** _______________________

☐ Full-time  ☐ Part-time  ☐ Volunteer

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

**Reason for Leaving:** __________________________
PAGE 5
APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires Cascade County to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This survey information will be separated from the application, kept confidential, and used only for statistical reports, background checks, and other lawful uses. Analysis of the information you and others provide may be used to monitor recruitment and selection practices in County government.

<table>
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<tr>
<th>10. Name:</th>
<th>Job Applied For:</th>
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<td>Department</td>
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<td>Job Title</td>
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<td>Location</td>
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</table>

| Social Security Number: |

11. How did you first learn of this position?

- [ ] Newspaper ad
- [ ] A friend/employee
- [ ] Posted in County Building
- [ ] Walk-in
- [ ] Job Service Posting
- [ ] Internet Listing
- [ ] Professional Publication
- [ ] Other (specify) ______________

12. [ ] M (Male)        [ ] F (Female)  Date of Birth (month/day/year): ______/______/_____

13. RACE/ETHNICITY
Please check the one box that best describes your race / ethnicity:

- [ ] AMERICAN INDIAN or ALASKAN NATIVE
- [ ] ASIAN
- [ ] PACIFIC ISLANDER
- [ ] BLACK or AFRICAN AMERICAN
- [ ] HISPANIC or LATINO
- [ ] WHITE
- [ ] TWO OR MORE RACES

14. VETERAN or DISABILITY STATUS

Person with a disability: [ ] Yes  [ ] No (if yes, please see below)

Veteran Status:
Check the one box that best describes your veteran status:

- [ ] Disabled Vietnam Era Veteran
- [ ] Vietnam Era Veteran
- [ ] Veteran of Persian Gulf War
- [ ] Disabled Veteran of Other Campaign/War Era
- [ ] Veteran of Other Campaign/War Era
- [ ] Other Disabled Veteran
- [ ] Other Veteran

Check the one box that best describes your status as a preference eligible relative:

- [ ] A Spouse of Disabled Veteran
- [ ] Mother of a Veteran
- [ ] Spouse of totally (100%) Disabled Person
- [ ] Unremarried Surviving Spouse of a Veteran or Disabled Veteran

Do you have certification from the Montana Department of Public Health and Human Services for Persons with Disabilities Employment Preference? [ ] Yes  [ ] No
Please provide 3 PROFESSIONAL REFERENCES

(A professional reference is a reference from a person who can vouch for your qualifications for a job. A professional reference is typically a former employer, a colleague, a client, a vendor, a supervisor, or someone else who can recommend you for employment.)

Please print legibly

1.
Name: ____________________________
Address: __________________________
City, State, Zip: ____________________
Phone, Cell Phone: __________________
E-mail: ____________________________

2.
Name: ____________________________
Address: __________________________
City, State, Zip: ____________________
Phone, Cell Phone: __________________
E-mail: ____________________________

3.
Name: ____________________________
Address: __________________________
City, State, Zip: ____________________
Phone, Cell Phone: __________________
E-mail: ____________________________
--READ CAREFULLY--

-- Do Not Write On This Page--

Please make sure all required information is included (see Job Vacancy Announcement).

1. Did you sign and date your application (page 1)?

2. Have you read the Job Vacancy Announcement to see what attachments must be submitted?

3. Have you checked boxes in Section 3 or 4 (page 1) to indicate what attachments you have included?

4. Did you indicate the specific Position Title in Sections 2 (page 1) and 10 (page 5)?

5. Did you include a complete address for each employer listed in Section 9 (pages 3 and 4)?

6. If you are claiming Veterans' Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation (see information on page 1)?

7. Did you provide 3 professional references (page 6)?

8. Did you attach all the application materials required by the Job Vacancy Announcement?
SUPPLEMENTAL FORMS MUST BE SIGNED IN FRONT OF A NOTARY & BE NOTARIZED

- A LEGACY OF SERVICE SINCE 1887 -
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, and is not general knowledge to be released, unless authorized by the Sheriff or his designee.

___________________________  ___________________________
Signature                           Date
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 documents thereto.

Dated this _____ day of __________________________, 20____

Signature of Applicant ________________________________

State of Montana
County of ____________

This instrument was acknowledged before me on __________________________ by __________________________.

Print Name of Signer

Notary Signature
(Montana Notaries must complete the following, if not part of the stamp)

Printed Name
Notary Public for the State of
Residing at __________________________
My Commission Expires: __________________________, 20____
CASCADE COUNTY SHERIFF'S OFFICE
Jesse Slaughter – Sheriff | Scott Van Dyken – Undersheriff
3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

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 Questionnaire, Thorough criminal background checks, 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 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 expeditious 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

______________________________

State of Montana
County of ______________________

This instrument was acknowledged before me on _________________ by ________________________________.

______________________________

Print Name of Signer

Notary Signature
(Montana Notaries must complete the following, if not part of the stamp)

______________________________

Printed Name
Notary Public for the State of _________________ Residing at _________________ My Commission Expires: _________________ , 20_
AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant ___________________________ Please print your full name

Date of Birth _______ SSN# ____________________

As an applicant for a position with the CASCADE 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 the release of any and all information that you may have concerning me, including information of a 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 ________________________________

[Notary Affidavit]

State of Montana
County of ____________________

This instrument was acknowledged before me on ___________ by __________________________

Print Name of Signer

Notary Signature
(Montana Notaries must complete the following, if not part of the stamp)

Printed Name
Notary Public for the State of
Residing at ___________________________
My Commission Expires: ________, 20__
PRISON RAPE ELIMINATION ACT

(1) Have you engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

(2) Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Have you been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2).

(4) Do you have any personal involvement in institutional sexual abuse, sexual abuse in the community or sexual misconduct?

Yes__________
No__________

If yes, please list on a separate sheet of paper and attach.

Dated this ______ day of _______________________, 20____

Signature of Applicant ________________________________
CASCADE COUNTY SHERIFF'S OFFICE
Jesse Slaughter - Sheriff | Scott Van Dyken - Undersheriff
3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6620 cascadecountymt.gov

CRIMINAL HISTORY AUTHORIZATION

The Cascade County Sheriff's Office is considering the application of the person named below for employment: as a volunteer within the Cascade County Adult Regional Correctional Facility; or an employee with the Sheriff's Office; or a contract worker within the facility. Any information relating to a criminal history check, traffic record, or any information you may have as to the character and integrity of the person is requested.

Last Name                                      First Name                                      Middle

Other Names Used

Street Address  City  ST  Zip

Date of Birth  Social Security #  Phone #

Have you ever been arrested for, or convicted of a crime, or found guilty in a court-martial proceeding?

(  ) Y  (  ) N

If yes, please complete the following (exceptions: minor traffic violations) Attach additional sheet if necessary.

<table>
<thead>
<tr>
<th>Date</th>
<th>City</th>
<th>State</th>
<th>Charge</th>
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I, ____________________________________________, the above-named person, do hereby authorize any disclosure of information you may have regarding me, to the office of the Sheriff/Coroner, Cascade County, Montana.

PLEASE ATTACH A PHOTO ID.

Signature                                      Date

NCIC/CHIN RESPONSE: __________________________ By: __________________________

ZUERCHER RESPONSE: __________________________

APPROVED/DENIED: __________________________    Date: __________________________