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 Cascade County Human Resources Dept., www.cascadecountymt.gov or Job Service.

Position: Administrative Assistant
Salary: $15.45 per hour
Schedule: Full-time with Benefits
Closing Date: Open Until Filled
Department: Technology
Administrator: Sean Higginbotham

Education/Experience/Training:
- High School Diploma, G.E.D. or H.S.E. and one (1) years of clerical/secretarial experience.

Certifications:
- Must possess a valid Montana driver’s license or be able to obtain one within thirty (30) days of hire.
- Must successfully pass and maintain any and all security approvals, clearances and certifications as required by the CCSO, including passing a criminal background check conducted by the CCSO.

JOB SUMMARY
The Administrative Assistant for the Cascade County Department of Technology (IT) performs a variety of technical and administrative tasks in support of department goals and functions such as preparing correspondence, performing internal customer service and research and preparing technical reports. This position also performs clerical functions such as scheduling and coordinating training and meetings, taking meeting minutes, tracking inventory and software licensing, managing filing and databases, monitoring budgetary expenditures, monitoring and tracking contracts and software licensing termination and renewal dates, monitoring and ordering supplies, completing purchase orders and accounts payable batches, answering telephone calls, assisting with special projects and responding to information requests in accordance with established standards and performing other duties or activities as required or assigned in order to ensure and support the efficient operation of IT.

ESSENTIAL JOB DUTIES AND RESPONSIBILITIES
Performs routine clerical and administrative work answering telephones, referring messages, providing internal customer service, entering data and maintaining databases in accordance with standard operational procedures in support of IT functions and objectives; Processes department claims, purchase orders and invoices for payment, reconciles and pays monthly credit card statements and works with financial staff to resolve questions about accounts payable and receivable; Prepares invoices and tracks payments for telephone services and equipment for all County departments, including internal and external monthly billing, and prepares invoices and tracks payments for external billing for IT; Assists with special projects and researches and prepares technical reports as directed and assigned by the IT Director; Handles procurement of hardware and software throughout the County in accordance with established procedures; Consults with the IT Director to determine needs, researches products, contacts vendors, compares costs, creates purchase orders, places, receives and verifies accuracy of orders; Monitors and tracks contracts and software licensing termination and renewal dates; Receives, collates and distributes incoming mail and process outgoing mail and copy, package and distribute a variety of materials as requested and in accordance with established procedures; Set ups, works with and maintains a variety of files and records, including confidential files, and ensure that only authorized personnel have access to the contents to the files in accordance with established managerial, confidentiality, functional use and administrative guidelines and procedures; Composes, types and edits a variety of professional correspondence, reports, memorandum and other materials and documents for review by the IT Director as necessary to conduct and support County operations; Maintains IT calendars and schedule appointments for technology staff and when necessary reschedule appointments and notify appropriate persons of scheduled and rescheduled appointments and agenda, ensure appropriate reference and other necessary materials and equipment are available to be used by them and/or other participants; Attends meetings, workshops, seminars, conferences and training/educational sessions to keep updated on changes in assigned areas of departmental responsibility; Makes travel, conference and training arrangements for IT staff; Performs a variety of miscellaneous duties such monitoring and ordering office supplies as needed, picking up and delivering supplies and equipment for activities and trainings, making arrangements for use of County facilities and setting up rooms for meetings and training sessions; Assists County employees with entering information on the County Website; Performs receptionist duties as needed; Performs other duties as required or assigned.

Knowledge and understanding of:
The responsibilities, functions and mission of IT; Computers, electronic data processing, modern office practices and procedures; Administrative and clerical techniques, principals, procedures and systems such as word processing, records and database management, data collection, research methodology, accounting, budget and grant tracking, report writing, application and use of basic statistics and other office procedures and terminology;
English usage, spelling, grammar and punctuation; Customer Service and telephone etiquette; Microsoft Office Software, Word, Excel, Outlook, PowerPoint, Publisher, internet and other computer applications related to IT functions and activities; Confidentiality policies, procedures, guidelines and standards; Cascade County Operations Manual Policies; County and IT safety rules, procedures and practices.

**Skills to:**
Typing, filing, data entry, computer and organizational skills, use of office machines and word processing; Effective and professional written and verbal communication; Customer service; Time management, accuracy, attention to detail and organization; Decision making and effective problem solving; Establishing and maintaining positive working relationships with other County departments, employees, Federal and State agencies, and private agencies.

**Ability to:**
Proficiently operate a computer, use and understand common database, spreadsheet and word processing applications and learn specialized computer applications to complete required job duties; Perform a wide variety of customer services tasks with accuracy and speed under the pressure of time-sensitive deadlines; Work in a collaborative and team-oriented manner with management, other County employees and ofices/departments; Communicate, orally and in writing, and interact with employees and others in a professional, respectful and courteous manner; Use and understand basic budget and grant monitoring, administration and reporting applications, techniques and procedures; Use and understand basic County and IT accounting, purchasing, invoicing, inventory and financial reporting procedures; Maintain a complex filing and database system; Compose correspondence from general instructions; Prepare, coordinate, collect, compile, analyze and utilize a variety of reports, records and data; Manage and complete multiple tasks under fixed time lines; Review and comprehend written materials; Follow verbal and written instructions and pay attention to detail and accuracy; Organize and prioritize work assignments and environment to maximize efficiency; Learn and utilize new skills and knowledge brought about by rapidly changing information and/or technology; Adhere to and maintain strict standards of confidentiality; Observe established lines of authority; Adapt to changes in the work environment and deal with frequent change, delays and/or unexpected events; Exercise sound judgment and decision-making skills within established standards, guidelines, policies and procedures; Work in a professional, business-oriented environment according to all professional standards of ethics and decorum; Identify problems that adversely affect the organization and its functions and offer positive suggestions for improvements; Accept responsibility and be self-motivated; Demonstrate punctuality and observe established work hours; Occasionally work outside normal hours as assigned; Perform other duties as required or assigned; Successfully pass and maintain any and all security approvals, clearances and certifications as required by the Cascade County Sheriff's Office (CCSO), including passing a criminal background check conducted by the CCSO.

The successful applicant shall serve a 6-month probationary period and will have a criminal background check conducted. The results thereof may disqualify the applicant from consideration for employment with the County.

This position is covered and subject to the Collective Bargaining Agreement by and between Cascade County and Teamsters Union.

**Notice to Applicants:** Applicants who are claiming Veteran’s or Handicap Preference must provide a DD-214 Discharge Document (Part 4) or DPHHS Handicap Certification and Employment Preference Form with their application for employment so Cascade County may apply the preference during the selection process.

Cascade County makes reasonable accommodations for any known disability that may interfere with the applicant’s ability to compete in the recruitment and selection process or an employee’s ability to perform the essential duties of the job. For Cascade County to consider such arrangements, the applicants must make known any needed accommodations.

**CASCADE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**
CASCADE 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: ____________________________  2. Position: ____________________________
   Last                First               M.I.
   Address:__________________________  Department: ____________________________
   Street ____________________________
   City __________________ State ______ Zip Code ______________
   Phone Number: ______________________
   Work ______________________________
   Home ______________________________
   Cell ______________________________

3. 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.

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. List **current** Professional Licenses, Registrations, or Certifications (engineering, medical, CPA, etc.)

<table>
<thead>
<tr>
<th>Licensing Agency Name and Location</th>
<th>Type of License</th>
<th>Endorsement/Restriction (if applicable)</th>
<th>Date Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Name & Complete Address of Employer

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)

Reason for Leaving:

Name & Complete Address of Employer

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)

Reason for Leaving:
Name & Complete Address of Employer

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)

Reason for Leaving:

Name & Complete Address of Employer

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)

Reason for Leaving:
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.

| 10. Name: ____________________________ | Job Applied For: ____________________________ |
| Social Security Number: ____________________________ | Department ____________________________ |
| | Job Title ____________________________ |
| | Location ____________________________ |

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: ____________________________
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
CONFIDENTIALITY

I, ___________________________ (print name) understand the MCA 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

This instrument was acknowledged before me on ________________________ by _________________________________.

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____
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 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

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 ___________________________

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 ________________________________
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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Names Used

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>ST</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________________ Date: ____________

ZUERCHER RESPONSE: ___________________________________ By: __________________

APPROVED/DENIED: ___________________________ Date: ____________