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: Endpoint Specialist  Salary: $19.05 - $21.12 per hour DOQ
Schedule: Full-time with Benefits  Closing Date: Open Until Filled
Department: Technology  Administrator: Sean Higginbotham

Required Education/Experience/Training:

- Level 1 – High School Diploma, High School Equivalency Diploma, GED or higher and one (1)+ years related experience in evaluating and resolving computer, system and user problems that include compatibility conflicts, application operations and hardware malfunctions and installing and maintaining computer hardware and software OR an equivalent combination of education and experience. Experience in providing one-to-one IT training beneficial.

- Level 2 – Associate Degree in computer science or closely related field and two (2)+ years of experience in evaluating and resolving computer, system and user problems that include compatibility conflicts, application operations and hardware malfunctions and installing and maintaining computer hardware and software OR an equivalent combination of education and experience. Experience in providing one-to-one IT training beneficial.

- Level 3 – Bachelor’s Degree in computer science or closely related field and four (4)+ years of experience in evaluating and resolving computer, system and user problems that include compatibility conflicts, application operations and hardware malfunctions and installing and maintaining computer hardware and software OR an equivalent combination of education and experience. Experience in providing one-to-one IT training beneficial.

Certification/Training (Levels 1, 2 and 3):

- Relevant certifications and training for areas of technical responsibility (e.g., A+/Net+, MCSE/MCSA) is preferred.

- Valid Montana State Driver’s License or the ability to obtain within 30 days from date of hire.

Must obtain and maintain all necessary security approvals implemented or required by the Cascade County Sheriff’s Office.

JOB SUMMARY

The Endpoint Specialist – Levels 1, 2 and 3 provides a wide variety of technical support to Cascade County (County) offices/departments to ensure the effective installation, security, operations, maintenance and troubleshooting of County endpoint devices such as desktops, laptops, telephones, tablets, printers, etc. and performs other related duties as required or assigned.

ESSENTIAL JOB DUTIES AND RESPONSIBILITIES

Test and install specific client applications and/or report using County software packages; install, test, troubleshoot and maintains hardware and software products; provide training to users on hardware and specific software applications; provide software and hardware technical support to ensure clients’ endpoint devices run efficiently; diagnose and solve problems on endpoint devices; research peripherals to find the appropriate solutions to make them function properly; set up, install, configure and maintain individual endpoint devices (such as desktops, laptops, phones, tablets, printers, etc.); troubleshoot hardware and software failures, restore lost or corrupted data and compatibility issues with hardware/software; ensure the components of the agency’s networks work together with the software applications throughout; maintain an active inventory of devices throughout the agency; perform other related duties as required or assigned.

Knowledge and understanding of: A wide variety of computer software, hardware and peripherals (e.g., Microsoft Office, Office 365, Internet, Email, Windows Operating System, iOS, Android); current and future County operating systems and hardware; a variety of network components and the intricacies of diverse software products; Countywide computer infrastructure and Information Services procedures, policies and organization; safety rules, policies and procedures.

Skills to: Diagnose and resolve endpoint and software problems; operate a variety of software applications; work independently while providing on-site installation, customer service and technical installation and/or repair support pursuant to department or individual customer requests; understand and use ticket tracking software and associated help desk software; effectively use interpersonal and communication skills.

Ability to: Establish and maintain effective, professional working relationships with other County employees, supervisory personnel and vendors; communicate with others in a professional and effective manner, both orally and in writing;
read and interpret technical manuals and specification documentation; work independently and as a team member; accept responsibility and be self-motivated and demonstrate a strong work ethic to achieve academic goals; exercise sound judgment and decision-making skills within established policies and procedures; display sound judgment under stressful situations; observe work hours and demonstrate punctuality; exercise flexibility with workloads to accommodate special projects or requests and high priority needs; interact with the public or other employees in a professional, respectful and courteous manner; address conflict in a professional and appropriate manner, resolve interpersonal conflict in a straightforward, timely manner and set priorities; obtain and maintain all necessary security approvals implemented or required by the Cascade County Sheriff's Office.

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.J. |
| Address: | Department: |
| Street | Closing Date of Vacancy: |
| 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: ___________________________

[Form fields for signature and 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>
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6. **List current** Professional Licenses, Registrations, or Certifications (engineering, medical, CPA, etc.)

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<tr>
<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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<tr>
<th>Name &amp; Complete Address of Employer</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)

Reason for Leaving:

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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.

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

11. How did you first learn of this position?
   □ Newspaper ad  □ Job Service Posting
   □ A friend/employee  □ Internet Listing
   □ Posted in County Building  □ Professional Publication
   □ Walk-in  □ 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
   □ Unmarried 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
CONFIDENTIALITY

I, ____________________________, 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 ________________________________

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____
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 ___________________________.

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__

Affix Seal/Stamp as close to Signature as Possible
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.

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<th>First Name</th>
<th>Middle</th>
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Other Names Used

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<tr>
<th>Street Address</th>
<th>City</th>
<th>ST</th>
<th>Zip</th>
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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.

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<th>Date</th>
<th>City</th>
<th>State</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

NCIC/CHIN RESPONSE: __________________________

ZUERCHER RESPONSE: __________________________

APPROVED/DENIED: __________________________

Date

By: __________________________

Date: __________________________