



The Livingston Police Department diligently serves the citizens of our community, providing 24-hour patrol coverage and proactive law enforcement services. Our mission is to enforce the laws of the United States, the state of Montana, and the City of Livingston, to assist the citizens of Livingston in protecting their lives and property, and to provide service to the public to the extent which we are empowered and enabled to do so by law, by department regulations, and by financial consideration. Our officers fulfill their duties with pride and integrity.

The Livingston Police Department Core Values include:

Integrity
Honor
Respect
and
Trust

APPLICATIONS FOR PATROL OFFICERS

To be considered, your submission must include the following:

- Fully completed and signed Standard Application for Position of Public Safety Officer in the State of Montana
- Employment Preference Form
- Completed and signed Authorization to Release Information Form
- Updated Resume AND Cover letter

Return by mail, email, or in person, **by the closing date** of Friday, May 30, 2025 at 4:00 p.m. MST to the Human Resources Office at HR@LivingstonMontana.org

or

City of Livingston, Attn: HR 220 E. Park St, Livingston, MT 59047

STANDARD APPLICATION FOR POSITION OF PUBLIC SAFETY OFFICER IN THE STATE OF MONTANA

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any application for employment in violation of state or federal law.

INSTRUCTIONS: You may complete this application by filling it on your computer, then saving and printing the completed form. If you prefer, you may print the application and fill it in manually. Be sure to sign it before delivering or mailing it to the agency address on the job listing. An application tailored to the position is to your advantage.

LATE, INCOMPLETE or UNSIGNED applications will NOT be considered.

This agency is committed to making reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please notify us at the time of need.

THE VETERANS' EMPLOYMENT PREFERENCE ACT AND THE DISABILITY PERSONS' EMPLOYMENT PREFERENCE ACT provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Public Health and Human Services) for details on obtaining handicapped person's certification. Contact your local Veteran's Affairs Office (Department of Military Affairs) for details on obtaining veteran's preference certification. For more information, contact your local Job Service. If you are claiming either employment preference, you must complete the Employment Preference Form.

Last Name _____ First _____ MI _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

E-mail Address _____

Do you have a valid driver's license? Yes ☐ No ☐

My signature below certifies that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

EMPLOYERS MAY BE CONTACTED AS REFERENCES.

Signature _____ Date Signed _____

EDUCATION

High School Name _____

Address of High School awarding diploma or equivalency certificate _____

Received diploma or equivalency certificate: Yes ☐ No ☐ If No, highest grade completed _____

College or University Name _____ **Dates Attended** _____

Location _____ **Credit Hours Earned** _____ **Degrees Received (BA, MA, etc.)** _____

Date of Degree _____ **Major Field** _____ **Minor Field** _____

List other schools or training that help you qualify.

Name _____ **Location** _____

Dates Attended _____ **Did You Complete?** Yes ☐ No ☐

Title/Description of Course _____ **Total Hours** _____

PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES (EMT, GVW, Diver, POST, etc.)

Name and Complete Address of Licensing Agency _____

Type of License _____

Endorsement/Restriction (if applicable) _____ **Date Licensed** _____

SPECIAL SKILLS (Check the skills you possess. Specify speed/errors where requested.)

Typing ____/____ 10 Code ☐ Accident Investigation ☐ Legal Terminology ☐ Medical Terminology ☐ Photo Skills ☐

Computer Software _____

Computer Languages _____

Other _____

CRIMINAL CONVICTIONS (List any criminal convictions you have had as an adult.)

EQUIPMENT (List types of equipment you can operate and specify name or model you have used such as radio equipment, computers, video equipment, alcohol consumption testing equipment, etc.)

EXPERIENCE

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper provided you answer all questions in the blocks and follow the same format. On each sheet, write your name and the job title for which you are applying. This information must be completed even if you submit a resume.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? Yes ☐ No ☐

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time ☐ Part-time ☐ Volunteer ☐

Immediate Supervisor(s) _____ Phone Number _____

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

Reason for Leaving _____

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time ☐ Part-time ☐ Volunteer ☐

Immediate Supervisor(s) _____ Phone Number _____

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

Reason for Leaving _____

ADDITIONAL EMPLOYMENT EXPERIENCE

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time ☐ Part-time ☐ Volunteer ☐

Immediate Supervisor(s) _____ Phone Number _____

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

Reason for Leaving _____

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time ☐ Part-time ☐ Volunteer ☐

Immediate Supervisor(s) _____ Phone Number _____

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

Reason for Leaving _____

Name and Address of Employer _____

Type of Business _____

Date Employed _____ Average Hours Per Week _____

Your Job Title _____ Full-time ☐ Part-time ☐ Volunteer ☐

Immediate Supervisor(s) _____ Phone Number _____

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

Reason for Leaving _____

EMPLOYMENT PREFERENCE FORM

Name _____ Social Security Number _____

Job Title _____ Position No. _____ Department Name _____

To claim preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to apply employment preference. Applicants hired by the state will have this information placed in a separate confidential selection file. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

☐ **A Veteran, if**

1. You have been separated under honorable conditions, **AND** have served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

☐ **A Disabled Veteran, if**

1. You have been separated under honorable conditions from military duty, **AND**
2. You have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

☐ **The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.

☐ **The unremarried surviving spouse of a veteran or disabled veteran.**

☐ **The mother of a veteran, if**

1. THE VETERAN died under honorable conditions while serving in the Armed Forces, **OR** THE VETERAN has a service-connected, permanent, and total disability, **AND**
2. YOUR SPOUSE is totally and permanently disabled, **OR** YOU are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference** you must be (check one of the boxes below):

☐ **A person with a disability** certified by DPHHS, **OR**

☐ **The spouse** of a totally (100%) disabled person certified by PHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

- ☐ DD-214 showing the character of discharge ☐ Service-connected disability letter ☐ DPHHS Disability Certification
☐ A document issued by the office of the adjutant General of the Montana National Guard certifying service.

SIGNATURE (typed or written) _____ DATE SIGNED _____

AUTHORIZATION TO RELEASE INFORMATION

To: City of Livingston

Livingston Police Department

414 East Callender Street

Livingston, Mt 59047

I am an applicant for the position of **Probationary Police Patrol Officer** with the City of Livingston. I understand that a thorough background and reference check will be conducted, including a criminal records check. I hereby expressly authorize release of any information which you may have concerning me, including information of a confidential or privileged nature. I hereby give my consent for the City of Livingston and its representatives to conduct these checks, and expressly authorize the release of any and all information concerning me, including information of a confidential or privileged nature. Information received will be used only for employment application purposes.

I hereby release the City of Livingston and the Livingston Police Department and any organization, company, institution, or person furnishing information to the City of Livingston from any liability for damage that may result from furnishing the information which I have requested.

I further authorize and understand that a photocopy of this document shall serve with the same authority as the original.

Applicant's Full Name: _____

Last

Fist

Middle

Applicant's Address: _____

Street

City

State

Zip

Applicants Social Security Number _____

Applicant's Date of Birth: _____

Month

Day

Year

Driver's License Information: STATE: _____ DL# _____

Applicant Signature

Date