Thank you for choosing our online application!

This application was designed to make it easier for you to apply for a job at the Montana Department of Corrections.

Before you begin, here are some helpful hints:

1. You can complete this application and submit it online or, you can complete the application, print and mail it to the address listed on the job posting.
2. Not all fields are required; however completing all fields ensures your application can be processed.
3. If you're applying for more than one position, you will need to complete a separate application for each position. You must use a valid position number for each application you submit.
4. If you plan to submit your application electronically, watch for the Submit by e-mail button on the last page.
5. If you have more Training, Experience, and/or Skills than will fit in the spaces provided; type "Additional Information Follows" at the bottom of that section. On a separate sheet type: the topic (Training, Experience, or Skills), Your Name, the Job Title, and the Position Number. Enter tha rest of your information and Mail or Fax the additional sheet(s) to the address listed on the job posting.

Don't forget to click Submit when you're finished and to print the application for your records.

Need help completing your application? Call us at 406.444.0439 | 406.444.4934

State of Montana
Department of Corrections
Application

MDOC is proud to be an AA/EEO employer committed to a diverse work force

POSITION INFORMATION

Position Title: _____ Position No.: _____

Location: _____

NAME AND CONTACT INFORMATION

Last: _____ First: _____ MI: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work/Other: _____ Cell: _____

E-mail Address: _____

EDUCATION

High School Name: _____

City: _____ State: _____

Diploma or GED/Equivalency Certificate? Yes ☐ No ☐

College/University/Trade School Name: _____

City: _____ State: _____

Major Field of Study: _____

Minor Field of Study/Emphasis: _____

Diploma/Certificate Earned? Yes: Type: _____ Date: _____

No: Credits Earned: _____

College/University/Trade School Name: _____

City: _____ State: _____

Major Field of Study: _____

Minor Field of Study/Emphasis: _____

Diploma/Certificate Earned? Yes: Type: _____ Date: _____

No: Credits Earned: _____

College/University/Trade School Name: _____

City: _____ State: _____

Major Field of Study: _____

Minor Field of Study/Emphasis: _____

Diploma/Certificate Earned? Yes: Type: _____ Date: _____

No: Credits Earned: _____

Name: _____ Job Title: _____ Position No. _____

Additional Training Courses *(Include name of course, name of company/organization presenting, dates attended, and any certificates issued, if applicable.)*

CURRENT PROFESSIONAL LICENSES, REGISTRATIONS, OR CERTIFICATES

Licensing Agency Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Type of License/Certificate: _____ Endorsements/Restrictions: _____
Date of Issuance: _____ Date of Expiration: _____

Licensing Agency Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Type of License/Certificate: _____ Endorsements/Restrictions: _____
Date of Issuance: _____ Date of Expiration: _____

Name: _____ Job Title: _____ Position No. _____

EXPERIENCE

Begin with your most recent work experience. Include the company name, address (city and state minimum), dates employed (month and year) and your title.

Describe your work responsibilities in detail, using industry specific terminology. Be sure to include any information about industry knowledge, skills, behaviors required, employees supervised and accomplishments.

Feel free to copy and paste from a pre-existing resume. If needed, additional space is provided on the next page.

Name: _____ Job Title: _____ Position No. _____

EXPERIENCE (continued)

Name: _____ Job Title: _____ Position No. _____

SKILLS

- List special skills such as software proficiencies, operating systems, programming, office or heavy equipment used. You are also encouraged to list skills from volunteer work like Habitat for Humanity or from professional organizations like Toastmasters
- List any publications you have authored. Be sure to include the date and the name of the periodical, if applicable, in which the publication appeared.
- List any awards you have received. Include the issuing organization or authority, date and nature of the award.

The information you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment with Montana Department of Corrections or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?

Yes ☐ No ☐

By my signature/typewritten name below, I certify that all information on this application form is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me to the Montana Department of Corrections or its agents and employees. I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____

☐ I am claiming Veteran's or Disabled Person's Employment Preference, and will be submitting verification of eligibility in the form of either DD-214 (military) and/or PHHS Certification of Disability form as well as the Employment Preference Form. I understand that these forms must be to either The Department of Corrections or Job Services by the closing date in order for any preference to be applied.

**** If claiming Employment Preference, please complete Page 6 otherwise, skip to Page 8 ****

PD-25A (rev. 08-10-06)

EMPLOYMENT PREFERENCE FORM

Name _____ Social Security Number _____

Position Applied For _____ _____ _____
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 PHHS, **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

☐ PHHS 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:** _____

You have indicated you will send the following attachment to document your eligibility for Employment Preference:

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

Name

Last: _____ First: _____ MI: _____

Position Information

Position Title: _____

Position Number: _____ Location: _____

Please print this form, attach it to the supporting documentation, and send it to the address listed on the job posting.

For your convenience, addresses are also listed below.

Helena
Montana Department of Corrections
Human Resources
PO Box 201301
Helena, MT 59620-1301
Carol Fah
cfah@mt.gov
(406) 444-0439
FAX (406) 444-4551

Miles City
Pine Hills Youth Correctional Facility
Human Resources
4 North Haynes
Miles City, MT 59301
Susan Trickel
strickel@mt.gov
(406) 233-2251

Deer Lodge
Montana State Prison
Human Resources
600 Conley Lake Road
Deer Lodge, MT 59722
Wanda Hislop
whislop@mt.gov
(406) 846-1320 Ext. 2202

DEPARTMENT OF CORRECTIONS

REFERENCE AND CRIMINAL BACKGROUND CHECK
AUTHORIZATION FORM
Reference:

Applicant's Name: _____

(Please print or type)

Previous names (i.e. maiden name, previous married names)

_____

Social Security Number: _____ **Date of Birth:** _____

List states where you have resided _____

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Department of Corrections, I am required to furnish information for use in determining my past work record.

I hereby authorize the Department of Corrections to contact any or all of my present or past employers, co-workers, personal references or any other possible work contacts. I release these employers and/or references from any liability which may relate to the information provided to the Department. I also authorize the Department to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for employment purposes only.

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? _____

If your answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.

Date of Conviction: _____ **Jurisdiction:** _____

This authorization shall be valid and effective for one year from the date signed.

_____ _____
Applicant Signature **Date**

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the State of Montana 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 applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information will be used to monitor recruitment and selection practices in state government.

Because this sheet is separated from your application, please give us your name, address and phone number again. Montana Department of Transportation has a Human Resource System that automates recruitment information. To prevent duplicate records, please answer the following questions. Thank you for your cooperation.

Have you applied for a Montana Department of Corrections job before? Yes ☐ No ☐

Are you a current or past MDOC employee: Yes ☐ No ☐

Name: First: _____ MI: _____ Last: _____

Address/PO Box: _____

City: State: _____ Zip: _____

Phone: E-mail: _____

Job Applied For: Position Title: _____

Position Number: _____ Location: _____

Referral Source - How did you FIRST learn of this position:

- ☐ Newspaper Ad
- ☐ Internet Listing
- ☐ Career/Job Fair
- ☐ College Recruitment
- ☐ Open House
- ☐ Agency Contact (specify below)
- ☐ Phone Inquiry
- ☐ Written Inquiry
- ☐ Posted in Agency Building
- ☐ Walk-In
- ☐ Job Service Posting
- ☐ T.E.R.O. Referral
- ☐ Another Organizational Posting
- ☐ Current/Former State Employee
- ☐ Other: _____

Age 18 or Older: ☐ (Please leave blank if under 18) Female ☐ Male ☐

Social Security No: _____ (This is voluntary and used to keep your records separate.)

Race/Ethnic Identification - Please check all that apply

- ☐ Hispanic or Latino ethnicity (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintain tribal affiliations or community attachment)
- ☐ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Military Status - Please check the one box that best describes your military status.

- ☐ No Military Service
- ☐ Retired
- ☐ Active Reserve
- ☐ Vietnam Veteran
- ☐ Inactive Reserve
- ☐ Other Veteran
- ☐ Disabled Veteran