



MINERAL COUNTY SHERIFF'S OFFICE

Ryan Funke- Sheriff | Wayne Cashman – Undersheriff

310 River Street, Superior, Montana 59872 | 406.822.3555 | <https://co.mineral.mt.us/departments/sheriff/>

CONFIDENTIALITY

I, _____, understand the MCA Statutes, the Mineral 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 of Applicant: _____ | Date: _____



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PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the MINERAL 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. This is confirmed by disclosure issues created by Brady (*Brady v. Maryland*), etc

Therefore, I release and hold harmless the MINERAL 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_____

Affix Seal/Stamp as close to Signature as Possible



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LETTER OF UNDERSTANDING

I am applying for a position with the MINERAL 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 Statement
Thorough criminal background checks
Examination of my personal credit/ financial report

Evaluation of a Personal History Questionnaire
Thorough examination of prior employment

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 MINERAL 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.

The hiring board will evaluate all tests in considering the requirements of the job, along with the 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.

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 MINERAL COUNTY SHERIFF'S OFFICE only that I will be considered for positions as they become available, pursuant to established rules and regulations of the MINERAL 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 MINERAL 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)

Affix Seal/Stamp as close to Signature as Possible

Printed Name
Notary Public for the State of _____
Residing at _____
My Commission Expires: _____, 20____



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AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant: _____

Please print your full name

Aliases: _____

Date of Birth: _____ Social Security Number: _____

As an applicant for a position with the MINERAL 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 MINERAL 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)
Affix Seal/Stamp as close to Signature as Possible	Printed Name Notary Public for the State of _____ Residing at _____ My Commission Expires: _____, 20_____



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PRISON RAPE ELIMINATION ACT

1. Have you engaged in sexual abuse or sexual activities 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).

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

No

Signature of Applicant: _____ | Date: _____



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CRIMINAL HISTORY AUTHORIZATION

The Mineral County Sheriff's Office is considering the application of the person named below for employment: as 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 Name

 Other Names Used

 Street Address City State Zip

 Date of Birth Social Security Number Phone Number

Reason for Requesting Access into secured facility:

What Agency: _____

What Position: _____

Contact Person in this Facility: _____

I, _____, the above-named person, do hereby authorize any disclosure of information you may have regarding me, to the office of the Sheriff/Coroner, Mineral County, Montana.

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? Yes No

IF YES, PLEASE COMPLETE THE FOLLOWING (Exceptions: minor traffic violations) Attach additional sheet if necessary):

	City	State	Charge	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



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DO YOU HAVE A CLOSE RELATIVE INCARCERATED AT THIS FACILITY? YES NO

DO YOU HAVE ANY PERSONAL INVOLVMENT IN INSTITUTIONAL SEXUAL ABUSE, SEXUAL ABUSE IN THE COMMUNITY OR SEXUAL MISCONDUCT? YES NO

*** PLEASE ATTACH A PHOTO ID ***

Signature of Applicant

Date

MINERAL COUNTY SHERIFF OFFICE USE	
ACTION:	COMPLETED BY AND DATE:
CJIN / NCIC Check	
ADSI Check for Previous	
MCSO ADMINSTRATIVE STAFF:	
APPROVED / DENIED: _____	DATE: _____