

City of Billings

Police Officer

Application Packet

Completed Standard Application for Position of Peace Officer, Billings Police Supplemental Questionnaire, Employment Preference Acts, Applicant Survey, and all required supporting documents must be returned to:

Hand Delivered or Mailed to: Billings Police Department
220 North 27th Street
Billings, MT

Emailed to: Sergeant Samantha Puckett
pucketts@billingsmt.gov

Applications will be accepted on a continual basis.

**Do not include any additional documents other than those required.
Incomplete application packets will be rejected.**



Police Officer Applicants

The Billings Police Department is accepting applications for police officer. We are a progressive, community-oriented police department seeking motivated, career-minded individuals to join our team. Applications will be accepted continually and Applicants will proceed to the next step in the hiring process once enough applications have been submitted. The City of Billings is an Equal Opportunity Employer.

MINIMUM ELIGIBILITY REQUIREMENTS FOR BILLINGS POLICE OFFICER

- Be a citizen of the United States;
- Be at least 18 years of age;
- Not have been convicted of a crime for which the person could have been imprisoned in a federal or state penitentiary;
- Be a high school graduate or have passed the general education development test and been issued an equivalency certificate by the superintendent of public instruction or by an appropriate issuing agency of another state or of the federal government;
- Possess or be eligible for a valid Montana driver's license;
- No convictions for Partner/Family Member Assault, assaulting or eluding a peace officer;
- No evidence that the applicant has misrepresented or falsified any information to the department;
- No illegal drug usage, as defined in Montana Code Annotated 50-32-101(6), except marijuana in the last five years and any marijuana usage in the last one year from date of application.

All requested information must be submitted with your signed/dated application packet. **If you fail to follow these directions and fail to provide all required documents as outlined in items #1 and #2 below your application will be rejected.**

Previous applications **are not** held over from one process to the next. All applicants must submit a new application at this time.

Applications must be returned to the City of Billings Human Resource Department. Applicants will be notified by email if applications are accepted and proceed to the hiring process.

1. **REQUIRED** - Complete the Standard Application for Position of Peace Officer, Billings Police Supplemental questionnaire, and Pre-employment Screening Booklet:
 - Available for download at www.billingspolice.com.
2. Include **photocopies** of the following documents in your application packet:
 - Birth certificate or Naturalization papers (**REQUIRED**)
 - Copy of your valid driver's license (**REQUIRED**)
 - Education documentation
 - High School Diploma, or G.E.D. Equivalency Test (**REQUIRED**)
 - and College Diploma **AND** Transcript (if applicable)
 - Military discharge document / DD214 (if applicable)
 - Montana Law Enforcement Basic P.O.S.T. Certification (if applicable)
 - Proof of completion of a P.O.S.T. certified basic law enforcement academy from Montana or another state (if applicable)

Once enough applications are received they will be reviewed and the top applicants will be invited to take the written and physical testing. Top applicants will be notified via email of their eligibility to take the written and physical tests. **Applicants will acknowledge acceptance by email within 72 hours or they will be removed from the hiring process and required to reapply.**

Applicants will be notified by email of the date, time, and location of the written and physical examinations that will take place. Successful applicants who pass the written and physical requirements will then be notified via email of their specific interview date, time, and location.

Study guides for the written examination are available at Public Safety recruitment <http://recruitment.iosolutions.com/Preparation-Materials/NCJOSI2/>

The physical examination is the Montana Physical Abilities Test (MPAT). Information on the physical testing can be obtained at the Montana Law Enforcement Academy website: <https://doj.mt.gov/mlea/physical-fitness/>

Further information about the department can be found on the Billings PD Unfiltered podcast. <https://www.podbean.com/ew/pb-9uamw-1172dc4>

On the test day, you MUST bring with you:

1. Gym clothes and athletic shoes for the physical assessment.
2. Proper identification (State or Federal Government ID/DL)

Summary of Benefits

Salary (Effective 7/1/22-7/1/23)

Beginning of Year:	Hourly Rate*:	Beginning of Year:	Hourly Rate*:
1	\$29.5000	11	\$35.4000
2	\$30.0900	12	\$35.9900
3	\$30.6800	13	\$36.5800
4	\$31.2700	14	\$37.1700
5	\$31.8600	15	\$37.7600
6	\$32.4500	16	\$38.3500
7	\$33.0400	17	\$38.9400
8	\$33.6300	18	\$39.5300
9	\$34.2200	19	\$40.1200
10	\$34.8100	20	\$40.7100

Shift Differential

(Officers work four (4) ten (10) hour days. Shift is bid annually by seniority) Those officers, who work the majority of their regularly assigned shift within the following hours, shall be compensated in addition to their regular base rate accordingly:

- Afternoon Shift (1430 - 0030) \$1.00/hr
- Night Shift (2100 - 0700) \$2.00/hr
- Officers assigned to the “weekend shift” (1800 Fri. to Mon. 0600) shall receive \$.75/hr weekend pay.

Certification Pay

After completing a one-year probation period, officers are eligible for incentive pay based on POST Certification level. Amounts are \$1000 for Intermediate and \$2000 for Advanced.

Specialty Pay

All personnel who are assigned by the Chief of Police special duties will receive \$250 annually for their specialty (regardless of number of specialties held).

Education Incentive:

An officer who holds an Associate’s Degree shall receive \$25.00 per pay period. An officer who holds a Bachelor’s Degree or higher shall receive \$50.00 per pay period. The degree must be from an institution of higher learning recognized by the U.S. Department of Education.

Tuition Reimbursement

Any employee matriculated into a program of higher education shall be reimbursed for 75% of the cost of all tuition for all courses approved by the Chief of Police upon furnishing evidence of satisfactory completion of course within thirty (30) days of its completion. The City will have available a minimum of \$15,000 (fifteen thousand dollars) to assure funding of the above provision. If an officer receives benefits under this Section and resigns prior to the completion of their 5th year of service, all educational benefits must be repaid to the City.

Vacation Leave

Beginning year 1 thru 10 yrs of completed service	Accrue up to 4.62hrs/pay period
Start of year 11 thru 15 yrs of completed service	Accrue up to 5.54hrs/pay period
Start of year 16 thru 20 yrs of completed service	Accrue up to 6.47 hrs/per period
21+ yrs of service	Accrue up to 7.39hrs/per period

- Maximum two times annual vacation accruals allowed at the end of the first pay period in January per policy.
- Paid out 100% at separation.
- One personal leave day per fiscal year

Sick Leave

- Employees accrue up to 3.7hrs/pay period. No maximum accumulation.
- Paid out 25% at separation per state statute.

Holidays

January 1st	New Year's Day
Third Monday in January	Martin Luther King Day
Third Monday in February	President's Day
Last Monday in May	Memorial Day
July 4th	Independence Day
First Monday in September	Labor Day
Second Monday in October	Columbus Day
November 11th	Veteran's Day
Fourth Thursday in November	Thanksgiving Day
December 25th	Christmas Day

- Every day in which a general election is held throughout the State of Montana.

Attendance Incentive Program

- Up to 24 hours of vacation time earned at the completion of a fiscal year, depending on the employee's attendance record.

Family and Medical Leave

- For eligible employees, up to 12 weeks of leave during a 12-month, rolling back period, for eligible purposes.
- Required to use accumulated accruals prior to beginning unpaid leave.
- This is a Federal Law the city and employees are required to adhere to and the city has the right to designate.

Medical/Rx Insurance – REQUIRED participation by 20+ hour permanent employees

- One Standard and one High Deductible Health Plan (HDHP) offered, with significant monthly contribution by the City, however, most plans require cost (pre-tax) sharing by the employee.
- The City Health Insurance is self-funded with our TPA as EMBS. www.ebms.com

Dental Insurance - Voluntary

- The employee must pay the entire premium (pre-taxed) and must remain on the plan for two (2) years.
- The City Health Insurance is self-funded with our TPA as EMBS. www.ebms.com

Life Insurance/Long-Term Disability (LTD) – Standard Life

- \$10,000 term life insurance coverage fully paid by the City.
- Voluntary: Additional Supplemental life insurance is also available to employees and their spouses to purchase.
- Voluntary: Long-Term Disability coverage.

Medical Flex/Health FSA and/or Dependent Care (Daycare) Plans - Voluntary

- Medical Flex – may elect a max of \$2500 annually (pre-taxed) to fund medical, dental, vision & other medical expenses.
- Dependent Flex – may elect a max of \$5000 annually per IRS (pre-taxed).
- Administered by TPA, EBMS. www.ebms.com

Municipal Police Officers Retirement System (MPORS)

- 9% of the employee's salary is contributed to MPORS.
- City's contribution to MPORS is 14.41%
- This amount is tax deferred & employees are vest when they have 5 yrs of service.
- Must elect Defined Benefit or Defined Contribution retirement plan before 1 yr of service.

Medicare

- Withheld at the rate of 1.45%.

Deferred Compensation

- Employees have the option of participating a deferred compensation programs.

Equipment

- All uniforms and equipment provided (including 40 caliber Glock)
- \$450.00 yearly police equipment allowance.

STANDARD APPLICATION FOR POSITION OF PEACE 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:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 12 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

LATE, INCOMPLETE, or UNSIGNED applications will NOT be considered.

This agency is committed to make 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 HANDICAPPED 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 Social and Rehabilitation 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 insert.

1.	Name _____	<i>Last</i>	<i>First</i>	<i>MI</i>
2.	Social Security Number _____			
3.	Address _____	<i>Street</i>		
	_____	<i>City</i>	<i>State</i>	<i>Zip Code</i>
4.	Phone No. _____	<i>Work</i>	<i>Home</i>	
5.	E-mail address _____			
6.	Do you have a valid Driver's License?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 considerations for employment, or if hired, may be grounds for termination at a later date. EMPLOYERS MAY BE CONTACTED AS REFERENCES.

SIGNATURE: _____ DATE SIGNED: _____

6. EDUCATION

A. High School Name: _____
B. Received:
 Diploma or Equivalency Certificate
 None - If "NONE", Highest Grade Completed _____

C. Address of High School Awarding
Diploma or Equivalency Certificate:

D. College or University <u>Location of School</u>	Dates Attended	Credit Hours Earned Sem. / Qtr.	Degrees Received (BA,MA,etc)	Date of Degree	Major Field	Minor Field
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E. Other Schools or Training

Which Helps You Qualify
Name, Location

Dates
Attended

Did You
Complete?

Title/Description of Course

Total
Hours

7. PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (EMT, GVW, Diver, POST, et c.)

Name and Complete Address
of Licensing Agency

Type of License

Endorsement/Restriction
(if Applicable)

Date
Licensed

8. SPECIAL SKILLS – Check the skills you possess. Specify speed/errors where requested.

<input type="checkbox"/> Typing _____	<input type="checkbox"/> 10 Code	<input type="checkbox"/> Medical Terminology
<input type="checkbox"/> Accident Investigation	<input type="checkbox"/> Legal Terminology	<input type="checkbox"/> Photo Skills
<input type="checkbox"/> Other (<i>List in Section #11 of this form</i>)		
<input type="checkbox"/> Computer Software _____		
<input type="checkbox"/> Computer Languages (specify) _____		

9. EQUIPMENT - List types of equipment you can operate and specify name or model you have used (Radio Equipment, Computer Equipment, Video Equipment, Alcohol Consumption Testing Equipment, etc.) *Continue in Section #11 if more space is needed.*

10. **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 if all questions in the blocks are answered and the same format is followed. 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 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 & ADDRESS of Employer	Type of Business
	Dates Employed Start _____ End _____
	Average Hrs. 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, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS of Employer	Type of Business
	Dates Employed Start _____ End _____
	Average Hrs. 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, accomplishments)

Reason for Leaving: _____

ADDITIONAL EMPLOYMENT EXPERIENCE

NAME & ADDRESS
of Employer

Type of Business _____
Dates Employed Start _____ End _____
Average Hrs. 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, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS
of Employer

Type of Business _____
Dates Employed Start _____ End _____
Average Hrs. 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, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS
of Employer

Type of Business _____
Dates Employed Start _____ End _____
Average Hrs. 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, accomplishments)

Reason for Leaving: _____

11. **CONTINUATION / EXPLANATIONS** (refer to the item number being continued or explained)

Item #

12. **LIST ANY CRIMINAL CONVICTIONS YOU HAVE HAD AS AN ADULT**

Billings Police Department Supplemental Questionnaire

Complete the Following

Are you currently a POST Certified Law Enforcement Officer? Yes No			
Education Beyond High School:			
Masters	Bachelor's	Associates	60 or more Semester Credits
Military Experience? Yes No			
Reserve Officer Experience? Yes No			
Arrest, Detention, and Litigation: <i>(Show all arrests including traffic, except parking).</i>			
If the answer to any of the questions below is YES , list the date, place, and full details of each incident on a separate sheet. If you fail to give date, place and full details your application will be rejected.			
A. Have you ever been arrested or detained by a law enforcement agency? Yes No			
B. Have you ever been convicted of a crime? Yes No			
C. Have you ever been fingerprinted (<i>arrest, job applicant, etc.</i>)? Yes No			
D. Have you ever been convicted of a misdemeanor crime of domestic violence? Yes No			
Have you used, tried, experimented, or in any way introduced into your body by any means. Indicate (Y)es or (N)o for each category. If YES, list date, place and full details on separate sheet. If you fail to give date, place and full details your application will be rejected.			
			Y N
Marijuana			
Hashish, Hashish Oil			
Cocaine			
Crack, Rock, Ice			
Barbiturates, Hypnotics or "downers"			
Amphetamines, Cross Tops, Bennies, "uppers"			
Methamphetamine Speed, "crank"			
LSD or Hallucinogens			
PCP (Angel Dust, Sherm)			
Heroin or other Opiates			
Steroids			
Pharmaceuticals drugs not prescribed to you?			
Is there any other illegal drug, narcotic, or controlled substance not listed above that you have introduced into your body?			
Have you introduced into your body a substance that you thought was an illegal drug and then found out that it was not?			
Have you ever injected an illegal drug into your body?			
Have you ever sold any illegal drug?			
Have you ever purchased any drug, narcotic, or controlled substance other than by a doctor's prescription?			

EMPLOYMENT PREFERENCE ACTS

Name:

Position Applied for:

Department:

If you are claiming preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. Providing the following information must be included with the application in order to claim employment preference. Veteran's Employment preference provides the addition of 5 percentage points or 10 percentage points to the applicant's score when a numerically scored selection procedure is used. 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. If you claim Preference, **documentation must be attached**. Please check which attachments you have included:

DD-214

PHHS Disability Certification

Other

SIGNATURE (typed):

DATE SIGNED:

(mm-dd-yy)

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 City of Billings is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Position Closing Date: (mm-dd-yy)

Male Female

Are you 18 years or older? Yes No

Name: Social Security No.: (xxx-xx-xxxx)

Job Applied for: Department:

How did you first learn of this position?

- Newspaper ad or journal ad
- Telephone Job Line
- Job Service
- Career/Job Fair
- Female, minority, or handicapped referral organization
- A friend/employee
- Posted in City Hall
- City of Billings Website
- Other (specify)

RACE/ETHNICITY - Please check the ONE box that best describes your race/ethnicity:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origins regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins 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.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

MILITARY STATUS - Please check the one box that best describes your military status.

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

DISABLED VETERAN

DISABLED PERSONS' EMPLOYMENT PREFERENCE



BILLINGS POLICE DEPARTMENT

BACKGROUND INVESTIGATIONS DIVISION

Pre-Employment Screening Booklet

CANDIDATE:

Date:

Position Applied For: Police Officer (Entry-Level) Background Investigator:

INSTRUCTIONS:

You have applied for a position with the Billings Police Department. Because of the sensitive nature of this position, it is necessary to conduct a thorough background investigation to determine your suitability for employment with the department.

In this pre-screening questionnaire, you will be asked a series of questions, most of which are about your past. In some cases, these past events may disqualify a candidate from employment, and in others, they may not. Remember that most people have things in their past they would prefer other people not know. We understand this may be a difficult and sometimes embarrassing process, but **please do not make assumptions about circumstances you believe may disqualify you. Be honest and forthright, and let us make that determination.**

Suitable and otherwise qualified candidates have been removed from consideration for being deceptive about things in their past, which, if honestly disclosed, would not have been disqualifying.

All criminal justice agencies have different standards for hiring and employment. For you to be successful in our hiring process you must **be completely truthful** in your answers. Let us evaluate your answers in light of our hiring standards. Any deliberate attempts to withhold information will result in your removal from the employment list.

In some of these questions, you will hear the word "**ever**" being used. "**Ever**" refers to anytime in your life, and **is not limited** to the last three, five or even ten years. If you do not understand a question, or you are not sure of its scope, ask for clarification. You will have the opportunity to explain any circumstances to the background investigator.

If additional space is needed to explain any of the answers, please use the pages at the end of the questionnaire, indicating which question number is being answered.

Honest, straightforward, and complete answers are of paramount importance in our process.

Do not withhold information. Do not be evasive in your answers. Do not attempt to minimize or be directly dishonest.

I certify that I have read the disclaimer above and will answer questions in a truthful and honest manner. I further state that I understand that any deception on my part in answering these questions will result in a request to remove me from this hiring process.

Signature_____ Date_____ Time_____

Billings Police Department
Background Investigations Division
Pre-Employment Screening Booklet

DRIVING RECORD

1. Do you have a valid State of Montana Driver's License?
Yes No

2. Did you ever possess an operator's license issued by any state other than Montana? List the state(s):

State	Dates	Names Used
State	Dates	Names Used

Additional:

3. Do you have current automobile insurance?
Yes No
What company? How long?

4. Have you ever falsified information given to an insurance company, such as given a false report or provided false information to obtain insurance?
Yes No
If yes, explain:

5. Have you ever had automobile insurance canceled or refused?
Yes No
If yes, explain the circumstances:

6. Have you ever had high-risk automobile insurance?
Yes No

7. Have you ever driven without liability insurance?
Yes No
If yes, explain the circumstances:

8. Has your license ever been suspended, revoked, placed on negligent operator's probation or any restrictions placed on your license, vehicle, or privilege to operate a motor vehicle?
Yes No
If yes, explain and give details:

Billings Police Department
Background Investigations Division
Pre-Employment Screening Booklet

9. Tell us all the traffic stops and tickets you have received.
Yes No
If yes, explain:

10. Do you have any outstanding or unpaid tickets?
Yes No
If yes, explain:

11. Has a failure to resolve a traffic ticket ever resulted in a warrant for your arrest?
Yes No
If yes, explain:

12. Have you **ever** been arrested or criminally cited for any traffic offense anywhere?
(Such as DWLS, DUI, Hit & Run, Reckless or Negligent Driving etc.)
Yes No
If yes, explain:

13. Have you ever been the occupant of a vehicle (driver or passenger) involved in any crime?
(This includes pranks or related behaviors)
Yes No
If yes, explain:

14. Have you ever participated in street racing?
Yes No
If yes, explain:

15. Have you ever been involved in a hit and run? (No matter how minor)
(Another vehicle, property, person etc.)
Yes No
If yes, explain:

16. Have you been involved in an automobile collision?
(How many, When, where, Injury, fault?)
Yes No
If yes, explain:

17. Is there anything else we need to discuss, or you need to explain about your driving history?
Yes No
If yes, explain:

Billings Police Department
Background Investigations Division
Pre-Employment Screening Booklet

EMPLOYMENT

18. Have you ever been fired or asked to resign from any job?
If yes, list all positions.
Yes No
If yes, explain:

19. Have you ever quit or left a place of employment in lieu of being fired?
Yes No
If yes, explain:

20. Have you ever violated any work rule, which would have resulted in disciplinary action if it had been discovered?
Yes No
If yes, explain:

21. Have you ever left a place of employment without giving notice?
Yes No
If yes, explain:

22. Have you ever been suspended or demoted from any place of employment?
Yes No
If yes, explain:

23. Have you ever received a verbal warning, counseling, written reprimand or other disciplinary action?
Yes No
If yes, explain:

24. Have you ever had any problems getting along with supervisors or fellow employees?
If yes, please explain.
Yes No
If yes, explain:

25. Have you ever been involved in an argument with co-workers or supervisors where you raised your voice in anger, struck someone, or walked off the job?
Yes No
If yes, explain:

Billings Police Department
Background Investigations Division
Pre-Employment Screening Booklet

26. Have any of your supervisors or co-workers ever had a problem with you?
Yes No
If yes, explain:

27. Have you ever been accused of harassment or discrimination by a peer, superior, subordinate, customer, patient, or any other person?
(For example, sexual, racial, sexual orientation or gender)
Yes No
If yes, explain:

28. Have you ever involved in a physical/verbal altercation with a supervisor, co-worker, peer, customer, or patient?
Yes No
If yes, explain:

29. What is the most serious trouble you've gotten into on a job?
Explain:

30. How often have you been late to work?
Number of Times:

31. Have you ever been talked to by an employer for unexcused absences or showing up late to work?
Yes No
If yes, explain:

32. Have you ever called in sick when you really were not?
Yes No
If yes, explain:

33. About how many days have you had unexcused absences from work in the past two years?
Number of Times:

34. Have you ever left work early without approval?
Yes No
If yes, explain:

Billings Police Department
Background Investigations Division
Pre-Employment Screening Booklet

35. Have you ever falsified the reporting of your work hours to include overtime, vacation, or sick leave?
Yes No
If yes, explain:

36. Have you ever been accused of a dishonest act by an employer?
(For example; mishandling of medications, false documentation, or charting, etc.)
Yes No
If yes, explain:

37. Tell me everything you've ever taken from any place of employment?
(For example; medical supplies, medication sample packets, office supplies, medications, etc.)
Yes No
If yes, explain:

38. Have you ever stolen money from any employer? *(I.e.: fundraiser, coffee/candy fund)*
Yes No
If yes, explain:

39. Have you ever allowed or helped anyone steal from an employer?
Yes No
If yes, explain:

40. Have there ever been any actions against any Professional Licenses you've held?
(Investigations, received formal complaints or reported)
Yes No
If yes, explain:

41. Within the last ten years, are there any jobs that are not listed on your personal history statement that you have held to include part time, volunteer, short term, seasonal or temporary employment?
Yes No
If yes, explain:

42. Have you ever been employed by, or volunteered for, any Law Enforcement Agency?
Yes No
If yes, explain:

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43. What other Law Enforcement Agencies have you ever applied/worked for? Which agency?
How far in the process? When? If you worked, why did you leave?
Explain:

44. Have you ever had a polygraph examination or voice stress analysis? If yes, where, when and what were the results?
Yes No
What Year Where What Happened?
What Year Where What Happened?
Additional:

45. Is there anything else you would like to discuss or explain about your employment history?
Yes No
If yes, explain:

WEAPONS / TEMPERAMENT

46. Have you ever carried any type of concealed weapon?
(*To include knives, batons, chemical spray, pepper spray, etc.*)
Yes No
If yes, explain:

47. When was the last time you were involved in a physical altercation? What were the circumstances?
Date:
Explain:

48. When was the last time you lost your temper and what were the circumstances?
Date:
Explain:

49. Have you ever been involved in any type of domestic violence issue?
(*Victim or suspect to include verbal.*)
Yes No
If yes, explain:

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50. Have you ever been involved in a physical altercation with a spouse, family member, child, roommate, partner, or significant other, to include acts of self defense?
(For example: pushing, shoving, strangling, slapping, restraining, throwing things at, etc.)
Yes No
If yes, explain:

51. Have you ever caused any damage because of a domestic violence dispute?
(For example: broken property, punched a wall, thrown an object)
Yes No
If yes, explain:

52. Have you ever disciplined any child or patient in a manner that caused welts or bruises?
(Patients who are elderly, disabled, special needs individual or incapacitated?)
Yes No
If yes, explain:

53. Have you or your spouse/partner ever been referred to Child Protective Services?
Yes No
If yes, explain:

54. Have you ever been a petitioner or a respondent to an order of protection, anti-harassment order, restraining order or a no-contact order?
Yes No
If yes, explain:

55. Have you ever refused to let your spouse, significant other or anyone else leave when they wanted to or prevented them from calling 911?
Yes No
If yes, explain:

56. Is there anything else we need to discuss about any domestic violence at all?
Yes No
If yes, explain:

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CRIMINAL ACTIVITY

57. Have you ever been arrested as a juvenile or an adult, whether it resulted in a conviction or not?

Yes No

If yes, explain:

58. Have you ever been accused of a crime?

Yes No

If yes, explain:

59. Have you ever resisted arrest, to include running from the police?

(To include running from a party when you heard sirens.)

Yes No

If yes, explain:

60. Tell me everything you have stolen, shoplifted, or taken without permission.

(Stores, houses, cars, buildings, businesses, garages, porches & vacant buildings, or lots)

Explain (approximate date and details):

61. Have you ever been given a criminal citation or been summoned into court for any reason?

Yes No

If yes, explain:

62. Have you ever been contacted or questioned by the police for any matter, whether you were a victim, suspect or a witness? *(Tickets, collisions, etc.)*

Yes No

If yes, explain:

63. Have you ever been a defendant or party involved in a civil court action as an adult or a juvenile? *(Divorce, child custody, judgment, auto accident, property etc.)*

Yes No

If yes, explain:

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*** IF PRIOR MILITARY SERVICE, ANSWER QUESTIONS (if not, skip to question #69):**

64. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the U.S. Military, National Guard, or Military Reserves? If yes, include branch of service, when, where and circumstances. (*Article 15's and Summarized Article 15's?*)

Yes No

If yes, explain:

65. Have you ever had a security clearance denied, suspended, or revoked?

Yes No

If yes, explain:

66. Have you ever been confined to a brig, jail, confinement facility or guard house?

Yes No

If yes, explain:

67. Have you ever been given "company punishment" or received any negative counseling statements?

Yes No

If yes, explain:

68. Have you ever been involved in or investigated for any criminal conduct while in a military service.

Yes No

If yes, explain:

*** CIVILIAN FACTORS:**

69. Have you ever been involved or around anyone that has committed any crime, whether you were caught or not?

Yes No

If yes, explain:

70. Have you ever taken or used anyone else's credit card or identity information without their authorization?

Yes No

If yes, explain:

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71. Have you ever acted as a lookout while someone else was committing any crime?
Yes No
If yes, explain:

72. Have you ever made any illegal purchases or downloads over the internet or phone?
Yes No
If yes, explain:

73. Have you ever been involved in a situation where any type of weapon was displayed or used?
Yes No
If yes, explain:

74. Have you ever carried a concealed weapon without a permit?
Yes No
If yes, explain:

75. Have you ever caused the death of another person?
Yes No
If yes, explain:

76. Have you ever falsified any information or lied to the police?
Yes No
If yes, explain:

77. Have you ever created, used, illegally obtained, or possessed an ID card or driver's license belonging to another person?
Yes No
If yes, explain:

78. Is there any type of criminal activity occurring in your home?
(*For example: illegal drug usage, theft, etc...*)
Yes No
If yes, explain:

79. Have you ever done anything to a child that required or should have required medical attention?
Yes No
If yes, explain:

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80. Have you ever touched or disciplined any child, patient, or any other person under your care in a manner that was inappropriate?

Yes No

If yes, explain:

81. Are you or a member of your family, now or ever been, a member, affiliate or associate of a criminal enterprise, street gang, or any extremist group that engaged in conduct against a person(s) because of race, religion, creed, color, national origin, immigration status, disability, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status?

Yes No

If yes, explain:

82. Is there anything else we need to discuss about your association or involvement in criminal activities?

Yes No

If yes, explain:

PERSONAL HABITS

83. Do you consume alcoholic beverages? When was the last time?

Yes No

If yes, explain:

84. When was the last time you were intoxicated?

Date:

85. When was the last time you drove when you were under the influence of alcohol or drugs?

Date:

86. How many times have you ever driven under the influence of alcohol or drugs?

Number of times:

87. Has the use of alcohol or drugs ever caused any job conflicts?

Yes No

If yes, explain:

88. While you were drinking, were you ever involved in a fight or argument?

Yes No

If yes, explain:

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89. What is the most serious trouble you've gotten into because you were drinking or using drugs?
Explain:

90. Have you ever supplied alcohol to minors?
Yes No
If yes, explain:

91. Do you owe any gambling debts?
Yes No
If yes, explain:

92. Has gambling ever caused you any financial problems or concerns?
Yes No
If yes, explain:

93. Have you ever been involved in illegal gambling?
Yes No
If yes, explain:

94. Have you ever illegally possessed or used marijuana, to include edibles, oils, marijuana concentrate (including dabs), etc.?
****Possession is defined as control, holding, selling, or trafficking (transportation for sale) any illegal, non-prescribed drug***
Yes No
If yes, explain:
First time used? Last time used?
How many times?

95. Have you given drugs to someone without their knowledge?
Yes No
If yes, explain:

96. Have you ever possessed or casually experimented with any of the following illegal drugs without a legitimate prescription?

Drug	First Time	Last Time	# of Times	
Hashish.....	Yes	No	Last Time	# of Times
Speed	Yes	No	Last Time	# of Times
(Cross tops, Whites, Bennies, Uppers)				

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Cocaine.....	Yes	No	Last Time	# of Times
Crack (Rock, Ice)	Yes	No	Last Time	# of Times
Heroin (Morphine or other Opiates)	Yes	No	Last Time	# of Times
Amphetamine.....	Yes	No	Last Time	# of Times
Methamphetamine (Meth, Speed, Crank, CR)	Yes	No	Last Time	# of Times
Pain Killers..... (Oxycontin, Vicodin, Valium, Percodan, Percoset)	Yes	No	Last Time	# of Times
LSD..... (Acid or other hallucinogens)	Yes	No	Last Time	# of Times
Explain:				
Hallucinogenic Mushrooms	Yes	No	Last Time	# of Times
Explain:				
PCP	Yes	No	Last Time	# of Times
(Angel Dust, Sherm, Wet)				
Explain:				
Barbiturates (Downers).....	Yes	No	Last Time	# of Times
Explain:				
Steroids..... (Oral or injectable)	Yes	No	Last Time	# of Times
Explain:				
Inhalants	Yes	No	Last Time	# of Times
(Gas, Paint, fumes, glue, whippets)				
Explain:				
Designer drug like Ecstasy	Yes	No	Last Time	# of Times
(MDMA)				
Explain:				

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GHB/GBL.....	Yes	No	Last Time	# of Times
(Liquid X, G)				
Explain:				

Ketamine.....	Yes	No	Last Time	# of Times
(Special K, Kit Kat)				
Explain:				

Spice.....	Yes	No	Last Time	# of Times
Explain:				

Bath Salts	Yes	No	Last Time	# of Times
Explain:				

97. Is there any other drug, narcotic or controlled substance not listed above that you have illegally possessed, purchased, used, or experimented with?

Yes No

If yes, explain:

98. Have you ever sold or trafficked any drugs to include prescription medication?

Yes No

If yes, explain:

99. Have you ever participated in the growing, manufacturing, cultivation, or production of any drug, narcotic, or controlled substance?

Yes No

If yes, explain:

100. Do you associate with anyone involved in any aspect of drug use, sales, manufacturing, growing, transporting, smuggling, storing, etc.?

Yes No

If yes, explain:

101. When was the last time you were at a place where illegal drugs were present or being used?

Date:

Explain:

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102. Have you ever misused prescription medication?

(Given them to someone or taken some given to you)

Yes No

If yes, explain:

103. Have you ever had illegal drugs in your possession while at work?

Yes No

If yes, explain:

104. Is there anything else that we need to discuss about your past or present illegal drug possession or use?

Yes No

If yes, explain:

105. Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?

Yes No

If yes, explain:

106. Have you ever injected an illegal drug into your body?

Yes No

If yes, explain:

107. Have you ever told anyone where to purchase illegal drugs?

Yes No

If yes, explain:

108. Have you ever bought or sold any illegal drugs at work?

Yes No

If yes, explain:

109. Are any illegal drugs presently in your home or car?

Yes No

If yes, explain:

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Financial / Personal

110. Have you ever had any purchased or leased goods repossessed, or have you ever voluntarily surrendered property prior to it being repossessed? (*Example: homes, cars, boats, etc.*)

Yes No

If yes, explain:

111. Have you ever filed for or declared bankruptcy, or filed for the "Wage Earner's Plan"?
(*Include when, where and why and a description of items included in the action*)

Yes No

If yes, explain:

What amount was discharged in the bankruptcy?

What was the nature of the debt?

112. Have you ever used a credit counseling service, consumer mediation or debt reduction program?

Yes No

113. Have your wages ever been involuntarily garnished?

Yes No

114. Are you behind on any of your bills?

Yes No

115. Have you ever been evicted or asked to leave any residence?

Yes No

116. Have you ever been contacted by a collection agency for non-payment of a bill?

Yes No

117. Have you ever failed to make or been late on a court-ordered payment?

(*Such as: tickets, child support, alimony, or restitution*)

Yes No

If yes, explain:

118. Have you ever provided false information on a credit or loan application?

Yes No

If yes, explain:

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119. Have you ever fraudulently received welfare, unemployment compensation worker's compensation or other State or Federal assistance?

Yes No

If yes, explain:

120. Do you owe any money to other sources, such as family, friends, a promissory note, or related binding contracts not reflected in your credit report or listed in your Personal History Statement?

Yes No

If yes, explain:

121. Is there anything else that we need to discuss about your credit history?

Yes No

If yes, explain:

SEXUAL ACTIVITY

122. Have you ever used the services of an escort service, prostitute, massage parlor or "hook-up" website? (Tinder, Craigslist, Facebook, etc.)

Yes No

If yes, explain:

123. Have you ever been to a strip club?

Yes No

124. Have you ever been involved in any activities where inappropriate or illegal sexual materials were bought, sold, mailed, e-mailed, or otherwise transmitted to another to include text messaging? ("**Sexting**")

Yes No

If yes, explain:

125. Have you ever visited sites on the internet that portray illegal sexual activities?
(Child porn, bestiality, violent rape sites)

Yes No

If yes, explain:

126. Have you ever viewed porn at work?

Yes No

If yes, explain:

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127. Have you ever had sex with an animal to include fondling an animal or having an animal fondle you?

Yes No

If yes, explain:

128. Have you ever been involved in any voyeurism or peeping tom / jane activities to include websites that portray voyeurism activities? (**Voyeurism Defined: the practice of gaining sexual pleasure from watching others when they are naked or engaged in sexual activity.**)

Yes No

If yes, explain:

129. Have you ever purposely exposed yourself in public?

(**To include going to the bathroom in public**)

Yes No

If yes, explain:

130. Have you ever been involved in any type of sexual communication or activity with anyone you knew or suspected was under the age of 18?

Yes No

If yes, explain:

131. Have you ever participated in any illegal sexual activity?

Yes No

If yes, explain:

132. Have you ever had any sexual contact while at work to include masturbation, intercourse, oral sex, or any other sexual contact?

Yes No

If yes, explain:

133. Have you ever had a sexual or romantic relationship with a supervisor, subordinate, or patient?

Yes No

If yes, explain:

134. Have you ever been accused or participated in stalking another individual?

Yes No

If yes, explain:

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135. Is there anything else we need to discuss about your sexual activity?

Yes No

If yes, explain:

SECURITY FACTORS

136. Do you associate or communicate with anyone incarcerated in any correctional or confinement facility, on work-release or parole?

Yes No

If yes, explain:

137. Do you associate with any known felons?

Yes No

If yes, explain:

138. Have any of your relatives ever been convicted or imprisoned?

Yes No

If yes, explain:

139. As an adult have you ever been placed on probation by any court?

Yes No

If yes, explain:

140. Are you currently under investigation for any criminal violation/activity?

Yes No

If yes, explain:

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Additional Explanation. Include question number for each explanation.

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How did you hear about this position?

Have you attended or participated in any Billings Police Department citizen programs? YES NO

(i.e., Volunteer Program, Citizens Police Academy, Ride-along, etc.)