

FLATHEAD COUNTY SHERIFF'S POSSE
APPLICATION FOR MEMBERSHIP

INCOMPLETE or UNSIGNED applications will not be considered.

(In addition provide a written, brief resume of experience; activities or training that you feel will be of value to Flathead County Sheriff's Posse. Also, list your primary reasons for wanting to become a member. Use a separate sheet of paper).

Instructions: complete this application by printing in ink. RETURN COMPLETED APPLICATION TO: FCSP, PO BOX 31, KALISPELL, MT 59903. If your application is accepted, you will be contacted by a representative.

Date _____

Name: _____
Last First M.I.

Address _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ E-Mail Address _____

At Least 21 years of age. Yes No Place of Birth _____ Date of Birth _____

SSN _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Date of Last Physical _____ Name of Physician _____ Health is [Excellent, Good, Fair, Poor]

Highest level of education completed: High School _____ College _____ Some College _____

How Long have you lived in Montana _____ Lived In Flathead County _____
Years Month Year Month

Employer _____ Phone Number _____

Places of residence for the past five (5) years:

	From	To	City	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

List at least three (3) personal references not a relative:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

*** FOR POSSE USE ONLY***

Date Application Turned In _____

Date Background check completed _____

Date member appeared before Board of Directors _____

Accepted _____

Declined _____

Date received medical statement _____

Doctor _____

CRIMINAL, TRAFFIC AND/OR CIVIL COURT RECORD:

Have you ever been charged with an offense in an adult court (YES / NO). If the answer is yes give-completed details on a separate sheet of paper. A conviction will not automatically exclude you from membership consideration.

I hereby affirm all statements are true and give my full consent to personal background checks by the Sheriff's Office with the understanding that any information obtained will be disclosed to the Board of Directors of the Flathead County Sheriff's Posse.

My Signature below certifies that all information provided is true, correct, and complete to the best of my knowledge and contains no willfull falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration. I give my permission to have prior / current employers to be contacted as references.

Signature of Applicant Date