# ENNIS POLICE DEPARTMENT



328 West Main Street Ennis, Montana 59729 Office: 406-900-1043 Fax: 406-848-0601 Dispatch: 406-843-5301

Email: police@ennispolice.com

Town of Ennis Police Officer Position

The Town of Ennis is currently accepting applications for a full-time Probationary Police Officer

The Ennis Police Department has a career opportunity in law enforcement. Join us and make a difference in your community.

- Wage will be dependent on experience.
- Benefits include: fully paid-for family health insurance with vision and dental options available, 13 paid holidays per year, Montana PERS retirement plus match, vacation and sick time accruals.
- Take home patrol vehicle if residence is located within the police departments jurisdiction.

## Job Requirements:

- Must be 18 years of age.
- Must be a United States Citizen.
- Must have a high school diploma or equivalent.
- Must possess a Montana Driver's license (or be able to obtain one within 60 days of hire).
- No felony convictions.
- Must be able to pass an in-depth background investigation.
- Must be able to pass a psychological background investigation.
- Must be able to pass the MPAT physical fitness test and written examination.
- Current Montana POST Certification preferred. Must acquire Montana POST Certification within 1 year of employment.
- Ability to obtain Montana POST Legal Equivalency preferred (out of state law enforcement).

### How to apply:

- Request Application forms by emailing EPDapplications@ennispolice.com, calling 406-900-1043 x2104, or by stopping by Ennis Town Hall located at 328 W. Main Street Ennis, MT 59729.
- Complete and submit the Town of Ennis-Standard Application form.
- Complete and submit the EPD Supplement al Application form.
- Submit a resume to the Ennis Police Department.
- Provide Form DD214 (for former military service members).
- Send all completed information to EPDapplications@ennispolice.com or mail to the Ennis Police Department 328 W. Main Street Ennis, MT 59729.
- Incomplete applications will be rejected.

## STANDARD APPLICATION FOR EMPLOYMENT WITH THE TOWN OF ENNIS 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.

First

Social Security Number		
City	State	Zip Code
Work Phone	Home Phone	
E-mail Address		
my knowledge and contains no wi	all information on this and all attached page Ilful falsifications or misrepresentations. Fa for employment or, if hired, may be ground	-
Signature	Date Signo	ed

Last Name

MI

High School Name  Address of High School awarding diploma or equivalency certificate  Received diploma or equivalency certificate: Yes () No () If No, highest grade  College or University Name	completed Attended Degrees Received (BA, MA, etc.) Minor Field  ee? Yes ( ) No ( )
Received diploma or equivalency certificate: Yes ( ) No ( ) If No, highest grade  College or University Name	completed Attended Degrees Received (BA, MA, etc.) Minor Field  ee? Yes ( ) No ( )
College or University Name Dates  Location Credit Hours Earned I  Date of Degree Major Field  List other schools or training that help you qualify.  Name Location  Dates Attended Did You Completed  Title/Description of Course  PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES  Name and Complete Address of Licensing Agency  Type of License  Endorsement/Restriction (if applicable) Date  SPECIAL SKILLS (skills you possess)  Computer Software  Computer Languages	Attended Degrees Received (BA, MA, etc.) Minor Field  ee? Yes ( ) No ( )
Location Credit Hours Earned I Date of Degree Major Field List other schools or training that help you qualify.  Name Location Did You Complete Title/Description of Course  PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES  Name and Complete Address of Licensing Agency  Type of License Endorsement/Restriction (if applicable) Date  SPECIAL SKILLS (skills you possess)  Computer Software Computer Languages	Degrees Received (BA, MA, etc.)Minor Field  ee? Yes ( ) No ( )
Date of Degree Major Field List other schools or training that help you qualify.  Name Location Did You Completed Title/Description of Course  PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES  Name and Complete Address of Licensing Agency  Type of License  Endorsement/Restriction (if applicable) Date  SPECIAL SKILLS (skills you possess)  Computer Software  Computer Languages	Minor Field re? Yes ( ) No ( )
List other schools or training that help you qualify.  NameLocation  Dates AttendedDid You Complete Title/Description of Course  PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES  Name and Complete Address of Licensing Agency  Type of License  Endorsement/Restriction (if applicable)Date  SPECIAL SKILLS (skills you possess)  Computer Software  Computer Languages	re? Yes () No ()
Name	re? Yes () No ()
Dates Attended	re? Yes ( ) No ( )
PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES  Name and Complete Address of Licensing Agency  Type of License  Endorsement/Restriction (if applicable) Date  SPECIAL SKILLS (skills you possess)  Computer Software  Computer Languages	
PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES  Name and Complete Address of Licensing Agency  Type of License  Endorsement/Restriction (if applicable) Date  SPECIAL SKILLS (skills you possess)  Computer Software  Computer Languages	Total Hours
Name and Complete Address of Licensing Agency	
Name and Complete Address of Licensing Agency	
Name and Complete Address of Licensing Agency	
Type of License	
Type of License	
Endorsement/Restriction (if applicable)	
SPECIAL SKILLS (skills you possess)  Computer Software  Computer Languages	
Computer Software Computer Languages	Licensed
Computer Software Computer Languages	
Computer Software Computer Languages	
Computer Languages	
Other	
CDIMINAL CONVICTIONS (List any ariminal convictions you have had as	on adult )
CRIMINAL CONVICTIONS (List any criminal convictions you have had as	an adult.)

EXPERIENCE	
the position for which you are applying. Incluqualify. List each promotion as a separate posyou answer all questions in the blocks and for	In the distribution of the distribution of the distribution of the distribution of the military service and any volunteer work experience that would help you sition. You may respond to this section on a separate sheet of paper provided flow the same format. On each sheet, write your name and the job title for st be completed even if you submit a resume.
· · · · ·	rovide on this application is subject to verification. Previous employers may e informed before we contact your present employer? Yes ( ) No ( )
be contacted as references. Do you want to be	
be contacted as references. Do you want to be Name and Address of Employer	e informed before we contact your present employer? Yes ( ) No ( )
Name and Address of Employer	e informed before we contact your present employer? Yes ( ) No ( )
Name and Address of Employer  Type of Business  Date Employed  Your Job Title	Average Hours Per Week Full-time ( ) Volunteer ( )
Name and Address of Employer  Type of Business  Date Employed  Your Job Title	e informed before we contact your present employer? Yes ( ) No ( )  Average Hours Per Week
Name and Address of Employer  Type of Business  Date Employed  Your Job Title  Immediate Supervisor(s)	Average Hours Per Week  Full-time ( ) Part-time ( ) Volunteer ( )
Name and Address of Employer  Type of Business  Date Employed  Your Job Title  Immediate Supervisor(s)	Average Hours Per WeekFull-time ( ) Part-time ( ) Volunteer ( )  Phone Number
Name and Address of Employer  Type of Business  Date Employed  Your Job Title  Immediate Supervisor(s)	Average Hours Per Week  Full-time ( ) Part-time ( ) Volunteer ( )  Phone Number
Name and Address of Employer  Type of Business  Date Employed  Your Job Title  Immediate Supervisor(s)	Average Hours Per WeekFull-time ( ) Part-time ( ) Volunteer ( )  Phone Number
Name and Address of Employer  Type of Business  Date Employed  Your Job Title  Immediate Supervisor(s)	Average Hours Per WeekFull-time ( ) Part-time ( ) Volunteer ( ) Phone Number
Name and Address of Employer  Type of Business  Date Employed  Your Job Title  Immediate Supervisor(s)	Average Hours Per WeekFull-time ( ) Part-time ( ) Volunteer ( )  Phone Number

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	
	AL EMPLOYMENT EXPERIENCE
	AL EMPLOYMENT EXPERIENCE
ADDITION ADD	AL EMPLOYMENT EXPERIENCE
ADDITIONAL Name and Address of Employer	AL EMPLOYMENT EXPERIENCE
ADDITIONA  Name and Address of Employer  Type of Business  Date Employed	AL EMPLOYMENT EXPERIENCE  Average Hours Per Week
ADDITIONAL Name and Address of Employer	AL EMPLOYMENT EXPERIENCE  Average Hours Per Week Full-time ( ) Part-time ( ) Volunteer ( )
ADDITIONAL Name and Address of Employer	AL EMPLOYMENT EXPERIENCE  Average Hours Per Week Full-time ( ) Part-time ( ) Volunteer ( ) Phone Number
ADDITIONAL Name and Address of Employer	AL EMPLOYMENT EXPERIENCE  Average Hours Per Week Full-time ( ) Part-time ( ) Volunteer ( )
ADDITIONAL Name and Address of Employer	AL EMPLOYMENT EXPERIENCE  Average Hours Per Week Full-time ( ) Part-time ( ) Volunteer ( ) Phone Number
ADDITIONAL Name and Address of Employer	AL EMPLOYMENT EXPERIENCE  Average Hours Per Week Full-time ( ) Part-time ( ) Volunteer ( ) Phone Number
ADDITIONAL Name and Address of Employer	AL EMPLOYMENT EXPERIENCE  Average Hours Per Week Full-time ( ) Part-time ( ) Volunteer ( ) Phone Number

Type of Business	
	Average Hours Per Week
Your Job Title	Full-time ( ) Part-time ( ) Volunteer ( )
Immediate Supervisor(s)	Phone Number
Describe your duties in detail (knowledge, skills	s, abilities required, employees supervised and accomplishments)
Reason for Leaving	
Reason for Leaving	
Reason for Leaving	
Name and Address of Employer	
Name and Address of Employer Type of Business	
Name and Address of Employer  Type of Business  Date Employed	
Name and Address of Employer  Type of Business  Date Employed  Your Job Title	Average Hours Per Week

# EMPLOYMENT PREFERENCE FORM

Name		Social Security Number
Job Title	_ Position No	Department Name
<b>Employment Preference Act</b> , complete with the application in order to claim enduring the hiring process to apply employseparate confidential selection file. Co	e the following. Provid inployment preference. oyment preference. Apportant your local Job Svices Office, Departme	ent Preference Act or the Persons with Disabilities Publicing the following information is voluntary but must be included. This information will be kept confidential and will only be used plicants hired by the state will have this information placed in service for details on veterans' preference. Contact your locant of Public Health and Human Services (PHHS) for details on
<ol> <li>A Veteran, if</li> <li>You have been separated under federal military duty other than of the reserves who served on freampaign badge is authorized.</li> <li>You are or have been a member of the properties of the campaign badge is authorized.</li> </ol>	r honorable conditions for training in the Arm dederal military duty duty over of the Montana Arm	a U.S. Citizen and (check one of the boxes below):  , <b>AND</b> have served more than 180 consecutive days of active y, Air Force, Navy, Marines, or Coast Guard or were a membering a period of war or in a campaign or expedition for which a my or Air National Guard who has satisfactorily completed a of which have been served in the Montana Army or Air National
	Forces service-connec	rom military duty, <b>AND</b> ted disability <b>OR</b> are receiving compensation, disability ent of Veterans Affairs or military department, <b>OR</b> you have
() The spouse of a disabled veteran if	the veteran's disability	prevents him/her from working.
( ) The unremarried surviving spouse	of a veteran or disabl	ed veteran.
service-connected, permanent, a	and total disability, <b>AN</b>	le serving in the Armed Forces, OR THE VETERAN has a <b>D</b> OR YOU are the unremarried widow of the father of the
<ol> <li>To claim Montana Persons with Di person with a disability certified by</li> </ol>		t Preference you must be (check one of the boxes below): ( ) A
() <b>The spouse</b> of a totally (100%) disable 1 year immediately before applying f	<u> </u>	PHHS <b>AND have</b> resided continuously in Montana for at least
() DD-214 showing the character of dis-	charge () Service-conn	ed to document your eligibility for employment preference. ected disability letter () DPHHS Disability Certification () A ontana National Guard certifying service.
SIGNATURE (typed or written)		DATE SIGNED



# TOWN of ENNIS

328 West Main Street PO Box 147

Ennis, Montana 59729-0147

Office: 406-682-4287 Fax: 406-682-5011

	EASE FORM In consideration of the Ennis Police Department and the Town of Ennis, Montana, Agency, processing my application for employment,
l,	hereby irrevocably agree to the following terms and conditions: Full Name (typed
or printed)	
_	stigation" as used in this document refers to any and all information and sources of its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a h the Agency.
•	ry and promise to hold harmless under any and all possible causes of legal action any officer, ncy who may conduct my background investigation.
	ry and promise to hold harmless under any and all possible causes of legal action, any and all furnish any information or opinions to the officers, agents, or employees of the Agency who tigation.
background investigation, to for	ntity contacted by the Agency's officers, agents, or employees during the course of my urnish such officer, agents, or employees any information opinions they may have, and hereby all privileges, the clergyman – penitent privilege, the husband-wife privilege, and the
•	ty and promise to hold harmless, under any and all possible causes of legal action, the political of its officers, agents or employees for any statements, acts or omissions in the course of my
6. I expressly waive all of my le or infringe upon these legal rig	egal rights and causes of actions to the extent that the Agency background check may violate this and causes of action.
	never, under any circumstances, attempt to obtain the results of my background investigation ealizing such information must of necessity remain confidential.
agents and employees, and all	G This release from liability given by me to the political division, the Agency, its officers, others as mentioned above, shall apply to my right of action of any nature whatsoever that irs, or my personal representative.
Date:	Signature of Applicant:
Date of birth:	SSN:
	tate:
Date:	Witnessed by:

# TOWN OF ENNIS, MONTANA APPLICATION SUPPLEMENT – PROBATIONARY POLICE OFFICER Page 1 of 2

Name:
Address:
City, State & Zip Code:
Phone:
INSTRUCTIONS
Please provide answers to the following questions. Attach additional sheets of paper if necessary. Since your responses to these questions will be reviewed separately from your application and resume, please repeat any information that may appear on it rather than writing "see my resume" or "see my application".
1. Please describe how your previous education, work, or training has prepared you to assume the position of Police Officer. Be specific as to the type of work or education and the length of time you have spent gaining these qualities.
<ol> <li>Please describe one situation in which you demonstrated your ability to deal with a stressful situation and resolve conflict <u>and</u> how your background, education, or the type of work you have done assisted you in the process.</li> </ol>
3. Recount past events and experiences which involved personal risk.
4. How does your concept of police work fit into the community of Ennis?

## Town of Ennis Probationary Police Officer Application Supplement Page 2 of 2

5. Misdemeanor or Criminal History – (Affirmative responses to these questions will not necessarily disqualify you from being considered as a candidate for employment) 5a. Have you been convicted of any misdemeanor crime or offense (including traffic violations) in the past ten years? Yes\_\_\_\_ No\_\_\_\_ 5b. Have you ever been convicted of any <u>felony</u> crime or offense? Yes\_\_\_\_\_ No\_\_\_\_ 5c. Have you ever been convicted of **Partner of Family Member Assault** (Domestic Abuse)? Yes No If you answered YES to 5a, 5b or 5c please complete the following questions for each offense or crime (attach additional sheets, if necessary): Charges: \_\_\_\_\_ Arresting Agency: \_\_\_ Address: \_\_ City Street State Zip Case Disposition: Time Served: Yes \_\_\_\_\_ No\_\_\_\_ On Parole or Probation: Yes\_\_\_\_ No\_\_\_\_ Parole/Probation Agency: \_\_ **Phone Number** Date: Charges: \_\_\_\_ Arresting Agency: \_\_\_\_\_ Address: \_ City Street State Zip Case Disposition: Time Served: Yes \_\_\_\_\_ No\_\_\_\_ On Parole or Probation: Yes\_\_\_\_ No\_\_\_\_ Parole/Probation Agency: \_\_\_\_\_

Phone Number

Name

#### **TOWN OF ENNIS**

### POSITION DESCRIPTION

**POSITION:** Police Officer

**DEPARTMENT:** Police Department

**ACCOUNTABLE TO:** Police Chief

**SUMMARY OF WORK:** This position is responsible for providing and maintaining law and order to the Town of Ennis, as well as, aiding in the education of the general public on diverse topics concerning law enforcement and crime prevention. Patrols and responds to calls for assistance for emergencies and non-emergencies. Provides law enforcement and security duties in enforcing a variety of federal, state and local laws and regulations in order to provide for the safety and well being of life and property.

#### **JOB CHARACTERISTICS:**

Nature of Work: This position performs professional and technical duties. Position is on-call for emergencies. Works varied shifts including nights, weekends and holidays. Hazards of position include travel and work in adverse weather and extreme temperatures, situations that arise in connection with pursuit and arrest of dangerous people, and possible exposure to hazardous wastes and infected body fluids. Position requires adherence to safety procedures. Dealings with the public may be under stressful circumstances; must enforce laws with common sense, discretion, and compassion. Position often works alone. Deals with sensitive information and adheres to standards of confidentiality. Has access to restricted information, which could result in consequential legal action in event of untimely release.

**Personal Contacts:** Extensive contact with the public to assist and enforce laws. Daily contact with departmental personnel; receive frequent communication from the dispatch center.

**Supervision Received:** Position is essentially self-directed. The Police Chief provides daily, weekly or as needed supervision and direction.

**Essential Functions:** Position requires ability to: communicate orally and in writing; drive a patrol vehicle; visually inspect areas; know and apply laws and regulations; apprehend and control dangerous persons; use firearms; walk over rugged terrain; climb; carry adult weight; hear distress calls; prepare reports; perform limited medical procedures; operate police investigative equipment; maintain records.

### AREAS OF JOB ACCOUNTABILITY AND PERFORMANCE:

- --Works on rotating shifts performing security patrol, traffic control, investigation and first aid at crashes; detection, investigation, and arrest of persons involved in criminal offenses or misconduct.
- --Works an assigned shift using judgment in deciding course of action and expected to handle difficult and emergency situations without assistance.
- -- Carries out duties in compliance with Federal, State, Local laws.
- --Carries defensive equipment to include aerosol irritants, impact weapons, electronic immobilization devices, and firearms. Maintains proficiency in the use and application of police accepted defensive equipment.
- --Uses and applies physical force when necessary to carry out the performance of official duties. Uses and demonstrates proper discretion in the application of force.
- --Maintains physical and psychological fitness for duty to standards prescribed by the Montana Law Enforcement Academy and the Montana Department of Justice Peace Officer Standards and Training (POST) for peace officers.
- --Patrols City streets, parks, commercial and residential areas to preserve the peace and enforce the law, control vehicular traffic, and prevent or detect and investigate misconduct involving misdemeanors, felonies, and other law violations and to otherwise serve and protect.
- --Responds to calls for police or emergency service. Evaluates the situation according to current laws, applicable court decisions, applies training and experience, and uses discretion to taken enforcement action to include warning, citation, or arrest.
- --Maintains the peace and enforces all applicable federal, state, and local laws. Prevents crime and apprehends perpetrators.
- --Maintains Montana peace officer certifications according to the standards set by the Montana Department of Justice Peace Officer Standards and Training (POST) requirements. Must obtain a POST Basic Certificate within one year of employment.
- --Establishes good public relations; visits with the public and responds to their complaints; is available to the local citizens to discuss their problems and concerns.
- --Investigates crime; observes scene; interviews victims, complainants, and witnesses, records verbal statements, collects written statements, and interrogates suspects.

- --Protect and properly document crime scenes to include the preservation and collection of physical and latent evidence, photograph and/or video record crime scenes, properly handle and collect narcotic evidence, and present the evidence in court. Does follow up investigation when necessary.
- --Provides testimony in court and administrative hearings.
- --Accepts bond for violation notices and remits them to the Court.
- --Serves legal process as directed by the Ennis City Court.
- --Prepares a variety of reports and records including reports of investigation, field interrogation report, alcohol reports, maintains alcohol testing equipment, traffic hazard reports, and missing person forms.
- --Provides a variety of police related information to the public, governmental agencies, media, newspapers, and other law departments.
- --Performs other related duties as required.

## **JOB REQUIREMENTS:**

**Knowledge:** This position requires a knowledge of: current law enforcement Practices and procedures; knowledge of applicable federal, state, and local laws and ordinances; investigative procedures; court procedures; patrol techniques; search and seizure laws; interview and interrogation procedures; firearms operation; drugs and drug abuse; use of breathalyzer and other police equipment providing emergency medical aid; radio protocol.

**Equipment used:** The following are examples of equipment used but not limited to; patrol vehicle, radar, breath alcohol testing equipment, onboard vehicle radar gun; D.U.I. roadside physical testing equipment; handgun, shotgun, rifle; gas mask; first aid equipment; handcuffs, nightstick; pepper spray; radios; computer and other office machines.

**Skills:** This position requires skills in patrol; interaction with the public;

operation of police investigative and surveillance equipment; driving a patrol vehicle safely in hazardous conditions; personal defense; operating phones, radar and other police equipment; assisting with medical aid; and use of firearms; basic vehicle maintenance.

Abilities: This position requires the ability to: perform duties under normal and emergency situations; prioritize work; make quick decisions with safety considerations foremost; deal effectively in stressful situations; relay accurate information quickly; pursues offenders on foot; deal effectively with dangerous people; visually inspect areas; hear distress calls; maintain confidentiality; show good judgment; perform physical force measures when necessary; communicate effectively orally and in writing; write clear, detailed reports; follow verbal and written instructions; establish effective working relationships with fellow employees, supervisors, and the public; be familiar with city's geography.

Physical requirements are established by the Police Officer Standards and Training specifications and meet norms from Cooper's Institute of Aerobic Research.

#### **EDUCATION AND EXPERIENCE:**

The above knowledge, skills and abilities are usually acquired by a combination of education and experience equivalent to:

- -- A High School diploma.
- -- Must possess a valid state of Montana Driver's license.
- --Must successfully complete MLEA Basic Course within one year of hire.
- -- Must have Basic First Aid and CPR training.
- --Must complete breath alcohol re-certification every year.
- -- Must demonstrate firearms proficiency twice a year.

#### JOB PREFORMANCESTANDARDS:

Evaluation of this position will be based primarily upon performance of the preceding requirements and duties. Examples of job performance criteria include, but are not limited to, the following:

- --Perform assigned duties.
- --Effectively patrols to limit criminal and traffic violations.
- --Competently and quickly responds to all police related calls and service and emergencies.
- -- Maintains the peace.
- --Establishes good public relations and is available to the local citizens to discuss problems and concerns.
- --Effectively enforces federal, state, and local laws.
- --Effectively prevents crime and apprehends perpetrators.
- -- Capably processes D.U.I.'s.
- -- Demonstrates knowledge and skill in use of police investigative equipment.
- -- Conducts proper investigations and writes complete reports.
- --Keeps accurate daily log of all activities.
- --Knows and follows safety procedures.
- --Is able to work varied shifts and respond quickly when on-call.
- -- Maintains confidentiality of sensitive information.
- -- Maintains accurate and timely records.
- -- Deals tactfully and courteously with the public.
- --Observes work hours.
- -- Demonstrates punctuality.
- --Establishes and maintains effective working relationships with fellow employees, supervisors and the public.