



Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East
Helena, MT 59602

Phone: (406) 444-9975
Fax: (406) 444-9978
E-mail: mtpost@mt.gov

EMPLOYMENT STATUS FORM & INSTRUCTIONS

Please print legibly or type. See Instructions on page 2.

- | | |
|--|--|
| <input type="checkbox"/> Peace Officer | <input type="checkbox"/> Public Safety Communication Officer |
| <input type="checkbox"/> Corrections/Detention Officer | <input type="checkbox"/> Motor Carrier Services Officer |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> Deputy Coroner |
| <input type="checkbox"/> Reserve Officer | <input type="checkbox"/> Adult Probation & Parole Officer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Juvenile Probation & Parole Officer |

FOR POST USE ONLY
Officer ID No.

Agency Name _____
Address _____

HIRE/RANK CHANGE

Officer's Last Name First Name MI

Date of Birth _____

Date of Hire _____
Rank/Title _____

Date of Rank Change: _____
Rank Changed to: _____

TERMINATION

Officer's Last Name First Name MI

Date of Birth _____

Dates of Employment from _____ to _____
Rank/Title _____

Class of Termination

<input type="checkbox"/> Resigned	<input type="checkbox"/> Deceased
<input type="checkbox"/> Retired	<input type="checkbox"/> Medically Disabled
<input type="checkbox"/> Involuntary	<input type="checkbox"/> Other _____

I certify the above information is true and meets the requirements of the State of Montana and the POST Council.

Official's Name – Printed

Official's Signature

Date

**This form is to be completed and forwarded to the POST Council
at the above address within 10 days of hire, termination or change in rank.**

Employment Status Form Instructions

The Employment Status form is to be filled out and returned to the POST Council within 10 days of hire, rank change or termination of employment from your agency.

For initial hire, please complete the following:

- Check the appropriate box associated with the job description of your employee.
- Type or print the agency name and address.
- Type or print the officer's name, date of birth, and rank/title for initial hires.

For rank changes:

- Check the appropriate box associated with the job description of your employee.
- Type or print the agency name and address.
- Type or print the officer's name, date of birth, and rank/title for initial hires.
- Type or print the date of change of rank and the officer's new rank.

For termination notice:

- Check the appropriate box associated with the job description of your employee.
- Type or print the agency name and address.
- Type or print the officer's name, date of birth, date of employment, and rank/title.
- Check the appropriate box for the class of termination.
 - Please note that we require a written explanation to accompany any form that indicates "involuntary" termination.

The form will not be complete unless the official sending the form prints, signs and dates it. It may be submitted electronically with the name of the official typed at the bottom.

Send electronic forms to mtpost@mt.gov.