

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: City of Billings
Human Resource Department
210 North 27th Street
Billings, MT

Mailed to: City of Billings
Human Resource Department
P.O. Box 1178
Billings, MT 59103

No later than: **5:00 pm MST Friday, January 22nd, 2021**
(in-house, not postmarked).

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



Police Officer Applicants

The Billings Police Department is now accepting applications for lateral POST certified police officer positions. We are a progressive, community-oriented police department seeking motivated, career-minded individuals to join our team. Successful applicants will be placed in a hiring pool to be drawn based upon the need of the department. 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 no later than **5:00 pm Friday, January 22nd, 2021 (in-house, not postmarked).**

1. **REQUIRED** - Complete the Standard Application for Position of Peace Officer and Billings Police Supplemental questionnaire:
 - 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)

All applications will be reviewed and top applicants will be invited to an interview and physical testing. Top applicants will be notified via email no later than **5:00 pm MST on Friday, January 29th, 2021** of their eligibility to interview and take the physical test.

Interviews will be conducted on **Friday, February 12th, 2020** in person in Billings, Montana. After interviews, physical testing will be conducted. Locations and times will be sent with invitation letter.

Candidates experiencing illness symptoms are asked to not participate. A screening process to include temperature monitoring will be in use.

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/>

On the interview 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

| Beginning of Year: | Hourly Rate*: | Beginning of Year: | Hourly Rate*: |
|--------------------|---------------|--------------------|---------------|
| 1 | \$26.8682 | 12 | \$33.6332 |
| 2 | \$27.3702 | 14 | \$34.3143 |
| 3 | \$27.9439 | 16 | \$35.3303 |
| 5 | \$29.6172 | 18 | \$36.1191 |
| 6 | \$31.4101 | 20 | \$37.1230 |
| 8 | \$32.3422 | 22 | \$37.8641 |
| 10 | \$32.9638 | | |

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.

Longevity Pay

Longevity pay shall be added to each officer's hourly rate based upon the following formula:

- .09 x years of service from beginning of (6th) year to completion of (15th) year of service.
- .10 x years of service from the beginning of the (16th) year of service.

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 First MI</i> |
| 2. | Social Security Number _____ |
| 3. | Address _____ <i>Street</i> |
| | _____ |
| | <i>City State Zip Code</i> |
| 4. | Phone No. _____ <i>Work 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: _____ C. Address of High School Awarding
 B. Received: _____ Diploma or Equivalency Certificate:
 Diploma or Equivalency Certificate
 None - If "NONE", Highest Grade Completed _____

| D. College or University | Dates | Credit Hours | Degrees | Date | | |
|--------------------------|----------|--------------|-------------|--------|-------------|-------------|
| Location of School | Attended | Earned | Received | of | Major Field | Minor Field |
| | | Sem. / Qtr. | (BA,MA,etc) | Degree | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 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.

Typing _____ 10 Code Medical Terminology
 Accident Investigation Legal Terminology Photo Skills
 Other (List in Section #11 of this form)
 Computer Software _____
 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 <input type="radio"/> No <input type="radio"/> | | |
| Education Beyond High School: Masters <input type="radio"/> Bachelor's <input type="radio"/> Associates <input type="radio"/> 60 or more Semester Credits <input type="radio"/> | | |
| Military Experience? Yes <input type="radio"/> No <input type="radio"/> | | |
| Reserve Officer Experience? Yes <input type="radio"/> No <input type="radio"/> | | |
| Arrest, Detention, and Litigation: (Show all arrests including traffic, except parking). | | |
| 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 <input type="radio"/> No <input type="radio"/> | | |
| B. Have you ever been convicted of a crime? Yes <input type="radio"/> No <input type="radio"/> | | |
| C. Have you ever been fingerprinted (<i>arrest, job applicant, etc.</i>)? Yes <input type="radio"/> No <input type="radio"/> | | |
| D. Have you ever been convicted of a misdemeanor crime of domestic violence? Yes <input type="radio"/> No <input type="radio"/> | | |
| 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 | <input type="radio"/> | <input type="radio"/> |
| Hashish, Hashish Oil | <input type="radio"/> | <input type="radio"/> |
| Cocaine | <input type="radio"/> | <input type="radio"/> |
| Crack, Rock, Ice | <input type="radio"/> | <input type="radio"/> |
| Barbiturates, Hypnotics or "downers" | <input type="radio"/> | <input type="radio"/> |
| Amphetamines, Cross Tops, Bennies, "uppers" | <input type="radio"/> | <input type="radio"/> |
| Methamphetamine Speed, "crank" | <input type="radio"/> | <input type="radio"/> |
| LSD or Hallucinogens | <input type="radio"/> | <input type="radio"/> |
| PCP (Angel Dust, Sherm) | <input type="radio"/> | <input type="radio"/> |
| Heroin or other Opiates | <input type="radio"/> | <input type="radio"/> |
| Steroids | <input type="radio"/> | <input type="radio"/> |
| Pharmaceuticals drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> |
| Is there any other illegal drug, narcotic, or controlled substance not listed above that you have introduced into your body? | <input type="radio"/> | <input type="radio"/> |
| Have you introduced into your body a substance that you thought was an illegal drug and then found out that it was not? | <input type="radio"/> | <input type="radio"/> |
| Have you ever injected an illegal drug into your body? | <input type="radio"/> | <input type="radio"/> |
| Have you ever sold any illegal drug? | <input type="radio"/> | <input type="radio"/> |
| Have you ever purchased any drug, narcotic, or controlled substance other than by a doctor's prescription? | <input type="radio"/> | <input type="radio"/> |

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**

