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| --- | --- | --- | --- |
| Applicant Name: | | RFP Number: 20-09 JR | |
| **Section I: Employment Information** | | | |
| Employer Name: | | Supervisor Name: | |
| Supervisor Telephone #: | | Supervisor Fax #: | |
| Supervisor Email Address: | | | |
| **Section II: Employment Service** | | | |
| Position Title: | Hire Date: | | Full-time employment is not less than 75% of a 40-hour work week.  Is applicant full-time?  Yes  No |
| Type of Work:  Criminal Cases  Juvenile Delinquency Cases  Other  If Other, please specify: | | | |

**Section III: Certification**

With my signature below (typed or written) I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my grant request or termination of such contract if I am awarded funds under the JRJ Grant Program. I agree to provide additional verification of any information provided as requested.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With my signature below (typed or written) I certify this individual is a current employee of the above referenced agency and that all information provided is true and accurate as of this date.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be sent to Carrie Lutkehus by email to [clutkehus@mt.gov](mailto:clutkehus@mt.gov) within ten (10) calendar days of receipt.