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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 [ ]  OtherIf 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 within ten (10) calendar days of receipt.