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| Applicant Name:       | RFP Number: 2025 John R. Justice (JRJ) Student Loan Repayment Program |
| **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 Hanna Larson by email to Hanna.Larson@mt.gov within ten (10) calendar days of receipt. \*If this is being submitted as part of an application process, please include this form along with the other required forms and submit via the State of Montana File Transfer service to the same email for Hanna Larson provided above.