

# New Employee Packet

\*\*\*Originals must be submitted\*\*\*

## Forms to be Completed by Employee:

1. New Employee Information sheet \_\_\_\_\_ (both sheets must be filled out)
2. New Employee Orientation Checklist \_\_\_\_\_
3. Montana New Hire Reporting Form \_\_\_\_\_
4. Form W-4 \_\_\_\_\_
5. Form I-9 \_\_\_\_\_
6. Optional PERS Retirement Form \_\_\_\_\_ (working under 960 hours)
7. Driving Record Request \_\_\_\_\_
8. Direct Deposit Authorization \_\_\_\_\_

## Lincoln County Personnel Policies and Procedures:

9. Acknowledgement and receipt of Handbook Form \_\_\_\_\_
10. Appendix A: Equipment Acknowledgement Form \_\_\_\_\_
11. Appendix B: Ethics and Conflict of Interest Acknowledgement Form \_\_\_\_\_
12. Appendix C: Drug and Alcohol-Free Workplace Acknowledgement Form \_\_\_\_\_
13. Appendix D: Computers, Internet, and Email Policy Acknowledgement Form \_\_\_\_\_
14. Appendix E: Drug Testing Acknowledgement Form \_\_\_\_\_
15. Appendix F: Decedent's Warrant or Paycheck Designation Form \_\_\_\_\_

**LINCOLN COUNTY**  
**NEW EMPLOYEE PAYROLL INFORMATION SHEET**

1. Name: \_\_\_\_\_
2. Department: \_\_\_\_\_  
Fund Dept. Acct. Obj.
3. Work or Home Email Address: \_\_\_\_\_
4. Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_
5. Race:  
Asian: \_\_\_\_\_  
Black: \_\_\_\_\_  
Hispanic: \_\_\_\_\_  
American Indian: \_\_\_\_\_  
Other: \_\_\_\_\_  
Unspecified: \_\_\_\_\_  
White: \_\_\_\_\_
6. Job Title/Position: \_\_\_\_\_
7. Beginning Salary: \_\_\_\_\_ after 6 Months \_\_\_\_\_
8. Starting Date: \_\_\_\_\_ Workers Comp Class Code: \_\_\_\_\_
9. Classification:  
Regular Full-time \_\_\_\_\_  
Regular Part-time \_\_\_\_\_  
Temporary (90 day Maximum) \_\_\_\_\_  
Intermittent/On-call \_\_\_\_\_  
Seasonal \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Dates)
10. Hours per week regularly scheduled to work: \_\_\_\_\_
11. Health Insurance Eligible: \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Date of Eligibility (within 90 days of employment)  
(Must be scheduled to work permanently at least 20 hours per week. Less than full-time employment requires employee contribution)
12. P.E.R.S./S.R.S. Eligible: \_\_\_\_ Yes \_\_\_\_ No  
(Anyone Scheduled to work over 960 hours per year must contribute)

**LINCOLN COUNTY**  
**NEW EMPLOYEE PAYROLL INFORMATION SHEET**

13. Date eligible to use sick leave: \_\_\_\_\_  
(90 calendar days from beginning date of employment)
14. Date eligible to use vacation leave: \_\_\_\_\_  
(6 months from beginning date of employment)
15. Probationary period ends: \_\_\_\_\_  
(6 months from beginning date of employment)

## NEW EMPLOYEE ORIENTATION CHECKLIST

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Department: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date: \_\_\_\_\_

### THE FOLLOWING ITEMS SHOULD BE COVERED WITH THE EMPLOYEE WITHIN THE FIRST WEEK OF EMPLOYMENT:

1. Introduction to Co-workers/Tour of Facilities \_\_\_\_\_
2. Worker's Compensation Policy \_\_\_\_\_
3. Copy & Review of Personnel Policy Manual including: \_\_\_\_\_
  - a. Overtime and Comp time Policy \_\_\_\_\_
  - b. Sick and Vacation Pay \_\_\_\_\_
  - c. Grievance Policy \_\_\_\_\_
  - d. Health Insurance \_\_\_\_\_
  - e. Probationary Period \_\_\_\_\_
  - f. Travel (standard IRS rate) \_\_\_\_\_
4. Job Responsibilities \_\_\_\_\_
5. Work Hours/Lunch/Breaks \_\_\_\_\_
6. Facility Keys \_\_\_\_\_
7. Pay Period/Payroll \_\_\_\_\_
8. Review of all County & Office Safety Policies including: \_\_\_\_\_
  - a. Drug Free Work Place Policy \_\_\_\_\_
  - b. Fire Drill & Evacuation Procedures \_\_\_\_\_
  - c. Vehicle Accidents (if applicable) \_\_\_\_\_
  - d. Chemical Hazards \_\_\_\_\_
  - e. Employee Safety Training \_\_\_\_\_
  - f. Workplace Safety Policy \_\_\_\_\_
  - g. Alcohol & Drug Testing (if applicable) \_\_\_\_\_
  - h. Safety Equipment/Vehicle Operations \_\_\_\_\_
10. Parking \_\_\_\_\_
11. Picture I.D. \_\_\_\_\_

***Sick Leave Eligibility*** \_\_\_\_\_

***Vacation Leave Eligibility*** \_\_\_\_\_

***Probationary Period Completed*** \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

# Montana New Hire Reporting Form

*Note: All applicable information in the Employer and Employee Sections "Is Required To Be Reported"*

## EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

**\*\*If address changed, place X here, ☐ and make corrections below\*\***

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## EMPLOYEE SECTION – REQUIRED INFORMATION

Social Security Number: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Optional Employee Information

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_ State of Hire: \_\_\_\_\_

Is Health Insurance Available: ☐ Yes ☐ No

Date Health Insurance Is Available: \_\_\_\_\_

**Phone 1-888-866-0327 for New Hire Reporting Questions**

**Mail To:** Montana New Hire Reporting,

PO Box 8013

Helena, MT 59604-8013

or **Fax to:** 1-888-272-1990 / **Local Fax:** 406-444-0745

(revised 7/2007)



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A		LIST B	LIST C		
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization		
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION		
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card			4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		6. Military dependent's ID card		7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.	
		7. U.S. Coast Guard Merchant Mariner Card			
		8. Native American tribal document			
		9. Driver's license issued by a Canadian government authority			
		<b>For persons under age 18 who are unable to present a document listed above:</b>			
10. School record or report card					
11. Clinic, doctor, or hospital record					
12. Day-care or nursery school record					
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI					
<b>Acceptable Receipts</b>  May be presented in lieu of a document listed above for a temporary period.  For receipt validity dates, see the M-274.					
<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.		

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	



Montana Public Employee Retirement Administration  
PO Box 200131 • Helena MT 59620-0131  
(406) 444-3154 • Toll Free (877) 275-7372

## PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) OPTIONAL MEMBERSHIP ELECTION

This election must be completed by both employee and employer and received by MPERA within **90 days** of the employee's hire date or the employee waives membership. If any information in this form conflicts with statute or rule, the statute or rule will apply. If you have any questions about optional membership, please contact our office.

EMPLOYEE INFORMATION – to be completed by employee		
Last Name	First Name, MI	Social Security Number *
Date of Birth	Email Address	Phone Number (     )
<p>Membership is optional only for certain new employees. (See optional positions below.) If you are currently an active or inactive member of PERS (already have contributions in PERS through this or any other agency), you cannot elect out of PERS. If you are a retired member of PERS, the working retiree restrictions apply. § 19-3-1106, MCA. By signing below, I acknowledge that I understand:</p> <ul style="list-style-type: none"><li>• If I have contributions on account at MPERA, I must contribute to PERS;</li><li>• <b>If I decline membership, I cannot later become a member of PERS while still employed with the same employer but in a different optional position;</b></li><li>• If I decline membership, terminate employment, and become employed in another optional position within 30 days of termination, I may not become a member in the second optional position;</li><li>• If I decline membership, terminate employment, and become employed in another optional position 30 days or more after my termination, I am allowed a new election;</li><li>• If I decline membership, I will not receive membership service or service credit for employment for which membership was declined; and</li><li>• If I subsequently accept employment in a position for which retirement is mandatory, I must become a member regardless of this election.</li></ul> <p>I am eligible to choose PERS membership due to employment with this agency and I am <b>not</b> an active, inactive or retired member of PERS.</p>		
<b>ELECTION</b> <input type="checkbox"/> I decline PERS membership <input type="checkbox"/> I elect PERS membership (Please complete a PERS Membership Card / Designation of Beneficiary)		
Employee Signature		Date
EMPLOYER INFORMATION – to be completed by employer		
Employee's Hire Date	Employing Agency	Employer Number
<p>Please verify the above employee is eligible for optional membership. Working retirees, excluded employees and mandatory members are NOT eligible for an optional membership election. § 19-3-401,403 and 412, MCA.</p> <p><b>Check the type of optional position</b> (you must check only one):</p> <p><input type="checkbox"/> Employee directly appointed by the Governor <input type="checkbox"/> Chief administrative officer of a city or county <input type="checkbox"/> Legislative branch employee working 10 months or less to perform work related to the legislative session <input type="checkbox"/> New employee of a county hospital or rest home <input type="checkbox"/> Employee working 960 hours or less in PERS-covered positions</p>		
Printed Name	Title	Phone Number (     )
Signature		Date

**Return completed form to MPERA within 90 days of hire. Retain a copy for your records.**

\* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109

# Release of Driving Records

(Montana Driver Privacy Protection Act)

Print Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

**1. Requested Information**

[3] ☐ **A.** Your Driving Record – Complete Sections 3, 4, 5, and 6.

[3] ☒ **B.** Another Person's Driving Record – Complete all sections, including Intended Use below.

**Intended Use:** To be completed if you checked B above.

[1] ☐ For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions.

[2] ☐ For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

[4] ☐ With written consent of the individual(s) who is the subject(s) of this search - A signed and dated Personal Information Express Consent form must be attached.

[5] ☐ For use as part of a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, pursuant to an order of any court.

[6] ☐ For use by an insurer, insurance support agency, or self-insured entity in connection with the investigation of claims, antifraud activities, ratemaking, or underwriting.

[7] ☐ For use by a licensed private investigator or security service for any purpose authorized under Montana law.

[8] ☐ For use by an employer or its agent to verify information related to a holder of a commercial driver license required under federal or Montana law.

[9] ☐ For use in providing notice to the owners of towed, abandoned, or impounded vehicles.

[10] ☐ For use by a parent of a child under 18 years of age.

[11] ☐ For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana law.

**2. Requestor Information**

**Name of Requestor:** Dallas Bowe-Human Resources Department

**Employer/Company:** (if applicable) Lincoln County

**Mailing Address:** 512 California Avenue **City:** Libby **State:** MT **Zip:** 59923

**Residential Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone #:** (406) 283-2312 **Driver License #:** \_\_\_\_\_

**3. Search Information: This section must be complete.**

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Driver License #:** \_\_\_\_\_

**4. Driving Record Release**

- ☐ Driving Record
- ☐ Certified Driving Record
- ☐ Faxed \*
- ☐ Faxing of Record
- ☐ Fax #: \_\_\_\_\_
- ☐ Mailing of Record
- ☐ self-addressed

**Motor Vehicle Division**

Record \* Cannot Be

Record

Mailing (unless

ed)

**5. Certification** (Signature must be notarized unless a copy of requestor's driver license or state-issued identification card is enclosed.)

I have read the Montana Driver Privacy Protection Act, MCA 61-11-501 through 61-11-516, and understand the limitations placed on the use of information received from the Montana Department of Justice, Motor Vehicle Division, Records and Driver Control Bureau. Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

**Signature of requestor:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 6 notarization must be completed by a notary public or a commissioned peace officer. A legible copy of your state or government-issued photo which can be expired for more than four years.**

**6. Notarization** (unless ID is provided)

**State of** \_\_\_\_\_ **Court** \_\_\_\_\_

**By** (clearly print name of person signing form) \_\_\_\_\_

**Notary signature** \_\_\_\_\_

**Signature of requestor** (date) \_\_\_\_\_ **Notary Stamp/Seal**



## Personal Information Express Consent Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity. Complete this form if you have checked the first box of the **Intended Use** portion of Section 1 on the Release of Driving Records form (34-0100).

Name: \_\_\_\_\_

Print Full Name

Driver License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residing at: \_\_\_\_\_

Street

City

State

Zip Code

I hereby authorize the Department of Justice to release my:

☐ Driving Record ☐ Vehicle Record

To the following individual and/or company:

Name: Lincoln County/H.R. Director Dallas Bowe

Print Full Name

Address: 512 California Avenue

Libby

MT

59923

Street

City

State

Zip Code

Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Signature: \_\_\_\_\_

This is my legal signature

\_\_\_\_\_

Date

Printed name: \_\_\_\_\_

# ☒ LINCOLN COUNTY

## Direct Deposit Authorization

I authorize the Human Resources Department and [Lincoln County](#) to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error each pay day to my:

### Please Check One

- ☐ Checking Account  
☐ Savings Account

I understand that this authority will remain in effect until I cancel it in writing.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Office or Branch

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State

--	--	--	--	--	--	--	--	--	--

Transit/Routing (ABA) No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

The diagram shows a check with the following details:

- Payee:** JOHN Q. SAMPLE, 25 Any Street
- Check Number:** 01438 (located in the upper right corner)
- Memo:** (blank line)
- Routing/Transit Number:** 089430098 (indicated by a red line and annotation)
- Account Number:** 001409843 (indicated by a red line and annotation)
- Check Number:** 1438 (indicated by a red line and annotation)

**Routing/Transit Number**  
Always 9 digits between two of these symbols. ⑆

**Account Number**  
Location varies, up to 17 digits, may contain letters, ends with this symbol. ⑈

**Check Number - Do NOT Enter**  
Location varies, will be very similar to number in upper right corner of check.

Please attach your voided check or savings deposit to the bottom of this page.

## **ACKNOWLEDGEMENT AND RECEIPT OF HANDBOOK**

### **ACKNOWLEDGEMENT AND RECEIPT OF HANDBOOK OF PERSONNEL POLICIES AND PROCEDURES FOR LINCOLN COUNTY**

I acknowledge receipt of a copy of the Handbook of Personnel Policies and Procedures adopted by Lincoln County. I understand that I will be responsible for complying with the terms and conditions contained in the Handbook.

DATED this \_\_\_\_\_ day of \_\_\_\_\_.

Employee's signature: \_\_\_\_\_

Employee's hand-printed name: \_\_\_\_\_

Employee's work location: \_\_\_\_\_

Employee's Position Title: \_\_\_\_\_

# APPENDICES

## IMPORTANT NOTE

In addition to the Acknowledgement and Receipt of Handbook on page 1, which holds all employees responsible for complying with the terms and conditions of every policy contained in this Handbook, employee signatures are required on the forms provided in Appendices A through D.

Employees who are engaged in safety-sensitive positions are also required to sign the form in Appendix E.

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## **APPENDIX A: Equipment Acknowledgement Form**

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### **Lincoln County**

I acknowledge that while I am working for the County, I will take proper care of all County equipment with which I am entrusted. I shall abide by all the guidelines set forth in **Use of Vehicles and Equipment** in this Handbook including, but not limited to; using equipment lawfully, safely, and cost-effectively; for its designed purpose; for County business only; and according to the manufacturer's specifications.

I understand that, while County equipment is in my possession, any abuse, violations of safety practices, or disregard for the proper care and maintenance of such equipment may result in disciplinary action, up to and including termination.

I further understand that, upon termination, I shall return all property of the County and that the property will be returned in proper working order. This agreement includes, but is not limited to, the following: laptops, cell phones, pagers, IT equipment, tools, personal protective gear, and any other equipment the County has provided for use with my job.

I understand that failure to return equipment shall be considered theft and will lead to criminal prosecution by the County.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

## APPENDIX B: Ethics and Conflict of Interest Acknowledgement Form

---

### Lincoln County

By my signature below, I acknowledge that I have received a copy of the **Ethics and Conflict of Interest Policy**. I understand it is my obligation to read, understand, and comply with the stipulations, procedures, and provisions contained within this Policy. I understand that I am responsible for abiding by the County Code of Ethics contained in this Policy as I conduct my assigned duties during my term of employment.

I understand that if I am found to be in violation of the provisions set forth in the **Ethics and Conflict of Interest Policy**, that I am subject to discipline, suspension, termination, and/or such other action as the County deems appropriate.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

## APPENDIX C: Drug and Alcohol Free Workplace Acknowledgement Form

---

### Lincoln County

As an employee of the County, I certify that I shall not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance while on County property or while conducting any activity involving the County.

By my signature below, I acknowledge that I have received a copy of the Drug and Alcohol Free Policy of the County. I understand that it is my obligation to read, understand, and comply with the procedures and provisions contained within this Policy.

I understand that if I am found to be in violation of the provisions set forth in the **Drug and Alcohol Free Workplace Policy** in this Handbook, I am subject to suspension, termination, participation in a drug rehabilitation program, and/or such other action as the County deems appropriate.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

## APPENDIX D: Computers, Internet, and Email Policy Acknowledgement Form

---

### Lincoln County

By my signature below, I acknowledge that I have received a copy of the **Computers, Internet, and Email Policy**. I understand that it is my obligation to read, understand, and comply with the stipulations, procedures, and provisions contained within this policy.

Further, I understand that this policy governs my use of all County technology and, under certain circumstances, my own technology that I might bring into the County (See **Personal Telephone Calls and Personal Communication Devices**).

Additionally, I understand that if I violate the policy, I am subject to discipline from the County, including suspension, termination, and/or such other action as the County deems appropriate. I also understand that some violations of this policy could result in actions against me both civilly and criminally and in both federal and state courts. I also understand that I have no expectation of privacy in any of the technology referenced in the policy, due to the access and interception rights reserved by and granted to the County.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

## APPENDIX E: Drug Testing Acknowledgement Form

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### Lincoln County

The County's drug testing program typically applies to individuals engaged in the performance, supervision, or management of work in a hazardous work environment, security positions, positions affecting public safety or public health, positions in which driving is part of the job, or a fiduciary position for the County. **The County must specifically identify all positions covered by its Drug and Alcohol Testing Policy and ensure that these employees are notified of this designation in accordance with Montana law. New employees shall be informed in the offer letter if their position is subject to drug testing.**

As an employee and/or applicant of the County designated to submit to the drug testing procedures outlined in the Drug Testing Policy, I hereby acknowledge that the County's Drug Testing policy requires me to submit to drug testing and/or breath alcohol testing to rule out the presence of unprescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a drug test and/or alcohol test, and agree to participate in the testing program.

I hereby release the County, its employees, agents, and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis. I hereby agree to cooperate in all aspects of the testing program.

I understand that, if I am found to be in violation of the provisions set forth in the **Drug Testing** and/or **Drug and Alcohol Free Workplace Policy**, I am subject to suspension, termination, participation in a drug rehabilitation program, and/or such other action as the County deems appropriate.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## APPENDIX F: Decedent's Warrant or Paycheck Designation Form

### LEGAL DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT'S CHECK(S)

1. Complete the Primary & Contingent Beneficiary Designation portion of this form. This form must be typed or printed legibly in ink.
2. Provide designee's full legal name (example "Mary Lynn Smith"). The designee name cannot be "Mrs. John E. Smith" or "To the Estate of Jane Smith".
3. No erasures or corrections in the designee's name can be accepted. If an error is made, complete a new form.
4. Inform the County Clerk & Recorder when designee's address changes.
5. Sign this form in ink and submit to the County Clerk & Recorder
6. Designee may be changed at any time by completing another form and submitting to the County Clerk & Recorder or Human Resources Department. You are requested to update your designee every calendar year.
- 7.

### BENEFICIARY DESIGNATION FOR DECEDENT'S FINAL CHECK(S)

Pursuant to §2-18-412, MCA, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all MACo checks excluding payment of death benefits and refund of employee retirement contributions, payable to me as a result of my employment with the Montana Association of Counties had I survived.

#### Primary Beneficiary Information – All information is required

Name of Designee \_\_\_\_\_

FirstMiddleLast

Mailing Address \_\_\_\_\_

Street or PO BoxCityStateZip Code

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone# \_\_\_\_\_

#### Contingent Beneficiary Information – All information is required

\*In the event that your primary beneficiary does not survive you, your check(s) will be issued to your contingent beneficiary.

Name of Designee \_\_\_\_\_

FirstMiddleLast

Mailing Address \_\_\_\_\_

Street or PO BoxCityStateZip Code

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone# \_\_\_\_\_

My signature on this document indicates:

1. I understand this is a legally binding document.
2. I hereby revoke any previous designation filed by me
3. If the above named designees cannot be contacted within sixty days after the date of my death, this designation shall be void and the check will be reissued to my estate.
4. This designation will remain in full force and effect until revoked by me in writing.

Employee Name \_\_\_\_\_

FirstMiddleLast

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_