

City of Hardin, Montana

VACANCY ANNOUNCEMENT

Police Officer

Salary Information: Entry Level: \$56,784 - \$68,381 annually DOE plus Benefit Package of up to \$53,680

Application Deadline: June 19, 2026 or until filled

The City is interested in candidates who can establish community and regional partnerships, work well with the media, lead by example, possess the ability to work administratively and in the field, and build successful working relationships with police department members and City staff. Candidate(s) will be selected by the City Mayor and Chief of Police. The Police Commission will certify the candidate(s). The Police Officer position is a direct report to the Police Sergeant and/or Police Chief.

PRIMARY OBJECTIVE OF POSITION:

Under general supervision, performs a wide variety of duties involved with enforcement of laws and prevention of crimes; controls traffic flow and enforces state and local codes; issues citations; participates in and conducts a variety of criminal investigations; makes arrests; provides support and assistance to special crime prevention and law enforcement programs; and performs a variety of technical and administrative tasks in support of law enforcement services and activities.

ESSENTIAL JOB FUNCTIONS:

Duties require the ability to retrieve and disseminate criminal justice information, conduct interviews, intervene in disputes, effect lawful arrest and testify in court. Also requires frequent dealings with DUI suspects/offenders, intoxicated individuals and persons with mental disorders. Must be able to properly use all weapons assigned by the Police Department.

MAJOR AREAS OF ACCOUNTABILITY AND PERFORMANCE:

This position requires a knowledge of current law enforcement practices and procedures; knowledge of applicable federal, state, and local laws and ordinances; knowledge of Montana State Laws regarding law enforcement and criminal law; investigative procedures, court procedures, patrol techniques, search and seizure laws, interview and interrogation procedures, firearms operation, drugs and drug abuse, use of intoxilyzer and other police equipment, and providing emergency medical aid.

SUPERVISION – RESPONSIBILITY FOR WORK OF OTHERS:

None.

EDUCATION, TRAINING, & EXPERIENCE MINIMUM REQUIREMENTS:

The above knowledge, skills and abilities are usually acquired by a combination of education and experience equivalent to:

- A U.S. Citizen 20 years old or older. A High School diploma or GED equivalent. Must possess a valid state of Montana Driver's License or apply for a Montana Driver's License within 60 days of moving to the state. Must be a graduate of the Montana Law Enforcement Academy (MLEA) for Police Officer 2 and Police Officer 3 positions. A Police Officer 1 position is an entry-level position that does not require MLEA prior to hiring.

Application and Complete Job Description available:

City of Hardin, 406-665-9260 or www.hardinmt.com/Wanted.html

Required Application Materials and Forms: To be considered for this position you must complete:

- **A City of Hardin Employment Application at:** www.hardinmt.com/Wanted.html
- **Montana POST application at:** <https://dojmt.gov/post/forms-and-other-documents>

Hours: This is a Full-Time Position, 84 hours every 2 weeks and on-call 24 hours per day for emergencies

Please submit your completed job application package, with resume and a cover letter to:

City of Hardin Human Resources Office, 406 N. Cheyenne, Hardin, Montana 59034

Contact Information:

Mayor Riley Ramsey

Phone: 406-665-9260 Ext. 101

Email: hardinmayor@hardinmt.com

EOE and Drug and Alcohol-Free workplace. Pre-Employment Drug and Alcohol testing is required, as well as a medical exam conducted by a licensed physician appointed by the City. Applicant is subject to Criminal and Financial Background Checks.

Employment Application

The City of Hardin

Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Resource Department.

406 N Cheyenne Ave.
Hardin, MT 59034
A Drug and Alcohol Free Work Place

~Please Print or Type information below ~

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Physical Street Address Apartment/Unit # City State ZIP Code


_____ MAILING Street Address Apartment/Unit # City State ZIP Code

Phone: _____ Emergency/Message# _____ E-Mail Address _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____ Full-time Part-time Temporary Seasonal Educational Co-op

Are you able to meet attendance requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	_____	

 <p>The City of Hardin is a drug free and alcohol-free workplace. The City has a drug testing policy for its employees. The City prohibits the use of all dangerous drugs. Federal and State law classifies marijuana as a dangerous drug. I understand that screening tests for alcohol and illegal drug use may be required before hiring, and if hired, during my employment here. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	Do you have a current driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO State _____ Expires _____
	Do you have a current CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO State _____ Expires _____

Education

High School: _____ Address: _____
Years Completed _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
Years Completed _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
Years Completed _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Phone: () _____
Address: _____ Years Known _____

Full Name: _____ Phone: () _____
Address: _____ Years Known _____

Full Name: _____ Phone: () _____
Address: _____ Years Known _____

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

~Most recent first~

Previous Employment

Company: _____ Phone: () _____
 Address: _____ Immediate Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: () _____
 Address: _____ Immediate Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: () _____
 Address: _____ Immediate Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Miscellaneous

The information requested below is used solely in connection with the City of Hardin's affirmative action obligation or efforts; and is being requested on a voluntary basis, that it will be kept confidential in accordance with the ADA. Refusal to provide this information will not subject the application to any adverse treatment, and that it will be used only in accordance with ADA. To ensure that the self-identification information is kept confidential, the information will be on a form that is kept separate from the application.

Do you claim employment preference as a veteran, disabled veteran, YES NO If "YES" ask for and complete Form A and
 handicapped person or eligible spouse of one of the above? attach to this application.

Disclaimer and Signature

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

All City of Hardin applications may be subject to the Right to Know provisions of Montana's Constitution (Art. II, Sect. 9) and may be considered a "public record" pursuant to Section 2-6-202 and Section 2-6-401, Montana Code Annotated. As such, this application and the fact that you applied for employment may be available for public disclosure and will be retained pursuant to the City's record retention policies. Those portions of the application that contain confidential information related to individual privacy may be protected from disclosure under law. I hereby authorize the City of Hardin to release to the public any portion of my application.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking, gathering and using such information and all other person, corporations or organizations for furnishing such information.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer has the authority to make assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully and understand the foregoing and seeking employment under these conditions.

Signature: _____ Date: _____

EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

The Montana Veterans' Public Employment Preference Act and Persons with Disabilities Public Employment Preference Act allow eligible applicants to request a hiring preference when applying for a state government position. Applying for a preference is **voluntary**, and all information related to a preference will be **kept confidential**. State agencies will only use this information during the hiring process and will maintain the information in a separate confidential file. Applicants who wish to claim an employment preference must complete and return this form along with their completed employment application. An electronic version of this form is available at <http://wsd.dli.mt.gov/service/app.asp>. Applicants requesting preference must provide the appropriate documentation along with their application to verify eligibility.

Contact the local Job Service Workforce Center for details on veterans' preference or the local Montana Vocational Rehabilitation Services Office for details on obtaining a disability 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 were separated under honorable conditions, **AND** you 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 were a member of the Montana Army or Air National Guard who 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 were 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 or 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 DPHHS, **OR**
- The spouse** of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

- | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> DD-214 showing the character of discharge | <input type="checkbox"/> Service-connected disability letter |
| <input type="checkbox"/> DPHHS Disability Certification | <input type="checkbox"/> A document issued by the Office of the Adjutant General of the Montana National Guard certifying service |

SIGNATURE (typed or written):

DATE SIGNED: