



STATE TRAINER APPLICATION

Montana Department of Revenue – Liquor Control Division

Please complete all spaces or print N/A in spaces that do not apply

Please type or print clearly in dark ink

Personal Information

| | | | |
|--|--|--|--|
| Last Name | | First Name | |
| Mailing Address | | City, State, Zip | |
| Phone Number | | E-mail Address | |
| Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | High school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Employment History – Please provide at least a 5 year work history

| | |
|------------------|-------------------------|
| Current Employer | Dates From – To |
| Street Address | City, State, Zip |
| Supervisor | Supervisor Phone Number |
| Type of work | Reason for leaving |

List any public speaking or presentation experience for this position

| | |
|----------------|-------------------------|
| Past Employer | Dates From – To |
| Street Address | City, State, Zip |
| Supervisor | Supervisor Phone Number |
| Type of work | Reason for leaving |

List any public speaking or presentation experience for this position

| | |
|----------------|-------------------------|
| Past Employer | Dates From – To |
| Street Address | City, State, Zip |
| Supervisor | Supervisor Phone Number |
| Type of work | Reason for leaving |

List any public speaking or presentation experience for this position

If more space is needed please attach an additional sheet as needed

Professional References – Please provide 2 references who can confirm your public speaking or presentation experience

| | | |
|------|----------------|--------------|
| Name | Contact Number | Relationship |
| Name | Contact Number | Relationship |

Community/Volunteer Work – If more space is needed please attach an additional sheet as needed

| | |
|----------------|----------------------|
| Organization | Dates From – To |
| City and State | Type of work |
| Contact Person | Contact Phone Number |
| Organization | Dates From – To |
| City and State | Type of work |
| Contact Person | Contact Phone Number |

Additional Public Speaking Experience – Please list any other relevant speaking/presenting experience

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| |

Personal History Statement – if more space is needed please attached additional sheets as needed

List all offenses whether they were **dismissed or deferred** or if you were **convicted**.
False or incomplete information may result in application denial or revocation of trainer certification.

| OFFENSE DATE | OFFENSE | CITY | COUNTY | STATE | DISPOSITION AND DATE |
|--------------|---------|------|--------|-------|----------------------|
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| | | | | | |
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- Do you own or have access to a projector for presentations? Yes No
- Do you own or have access to a laptop with a DVD player or access to a stand-alone DVD player? Yes No
- Do you maintain an e-mail address where you can receive training updates and information? Yes No
- Do you have the ability to receive shipments of training materials? Yes No
- Do you have access to reliable transportation? Yes No

Declaration

I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to application denial or revocation of trainer certification.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|





STATE TRAINER SUPPLEMENTAL QUESTIONS

Montana Department of Revenue – Liquor Control Division

Attach additional sheets if needed – please limit your response to a total of two pages

1. How do you feel about people who consume alcohol socially? _____

2. How do you feel about underage people who consume alcohol? _____

3. How do you feel about establishments that sell or serve alcohol? _____

4. What recommendations do you have for reducing alcohol related problems within your community and/or the state? _____
