



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

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

- 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
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