



State Trainer Application



Alcoholic Beverage Control Division

Please complete all spaces or print N/A in spaces that do not apply.
Please type or print clearly in dark ink.

V1 3/2020

| Personal Information | |
|----------------------|------------------|
| Last Name | First Name |
| Mailing Address | City, State, ZIP |
| Phone Number | Email Address |

Are you at least 21 years of age? Yes No

Are you a high school graduate? Yes No

If no, do you receive a GED? Yes No

Employment History—Please provide at least a 5 year work history in order from current/most recent.

| | |
|----------------|---------------------------|
| Employer | Date From _____ To _____ |
| Street Address | City, State, ZIP |
| Supervisor | Supervisor's Phone Number |
| Type of work | Reason for leaving |

List any public speaking or presentation experience for this position

| | |
|----------------|---------------------------|
| Employer | Date From _____ To _____ |
| Street Address | City, State, ZIP |
| Supervisor | Supervisor's Phone Number |
| Type of work | Reason for leaving |

List any public speaking or presentation experience for this position

| | |
|----------------|---------------------------|
| Employer | Date From _____ To _____ |
| Street Address | City, State, ZIP |
| Supervisor | Supervisor's Phone Number |
| Type of work | Reason for leaving |

List any public speaking or presentation experience for this position

Please attach additional sheets as more space is 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—Please attach additional sheets as more space is needed.

| | |
|----------------|--------------------------|
| Organization | Date From _____ To _____ |
| City, State | Type of Work |
| Contact Person | Contact Phone Number |
| Organization | Date From _____ To _____ |
| City, State | Type of Work |
| Contact Person | Contact Phone Number |

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

| |
|--|
| |
| |
| |
| |

Personal History Statement—Please attach additional sheets as more space is needed.

List all offenses whether they were **dismissed**, **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 |
|--------------|---------|------|--------|-------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mark all that apply.

- I own or have access to a projector for presentations.
- I own or have access to a suitable training site.
- I maintain an email address where I can receive training updates and information.
- I have the ability to receive shipments of training materials.

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 |
|------------------------|------|

Return the completed application to the department at:
 Montana Department of Revenue
 Alcoholic Beverage Control Division
 PO Box 1712
 Helena, MT 59604
 or email to AlcoholServerTraining@mt.gov

Questions? Please call (406) 444-4307.