MONTANA Department of REVENUE

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.

Your Community Matters

V1 3/2020

Personal Information	Clear Form
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 meterial 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.

MONTANA Department of REVENUE

State Trainer Supplemental Questions

Your Community Matters

Alcoholic Beverage Control Division

Please include additional sheets if more space is needed.

1 Why do you want to be a trainer?

2 Why do you believe it's important to train on responsible alcohol sales and service?

3 How do you engage participants in your presentations?

4 How do you engage different learning styles in your presentations?

5 How do you handle disruptive attendees during your presentations?

6 Describe a time when a traning you were giving did not go "as planned" and what did you do?