

Employment Preference: The Veterans' Public Employment Preference Act and the Persons with Disabilities Public Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an Employment Preference Form, PD-25A, available through your local Montana Job Service or <http://discoveringmontana.com/statejobs/statejobs.asp>. You must provide verification of eligibility with the application. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service.

Ex 1

4. EDUCATION: You may respond to this section on a separate sheet of paper if all relevant blocks are completed and the same format is followed. On each sheet write your name and the job title you are applying for.

SENATE STATE ADMIN
EXHIBIT NO. 1
DATE 2-2-09
GSM NO.

High School Name and Address: Red Lodge High School, Red Lodge Montana, 59068

Received Diploma or Equivalency Certificate? Yes No If "No," enter highest grade completed

| College, University and Other Schools Name and Location | Dates Attended Month/Year | Degree/Certificate Received | Degree/Certificate Date | Major/Minor Field | Credits Earned Indicate Qtr or Sem |
|---|---------------------------|-----------------------------|-------------------------|----------------------|------------------------------------|
| Montana State University, Bozeman, MT | 1964-1968 | B.S. Agbusiness | 1968 | Ag Business | 204 Q |
| Montana State University, Bozeman, MT | 1970-1973 | Master Science | 1973 | Economics & Ag. Econ | |
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| Training Courses Name and Location | Dates Attended Month/Year | Did you Complete? | Title/Description of Course | Total Hours |
|------------------------------------|---------------------------|-------------------|-----------------------------|-------------|
| Mosaic Manager VIII | March | in process | Senior Management Training | |
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5. List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

| Licensing Agency Name and Location | Type of License | Endorsement/Restriction (if applicable) | Date Licensed |
|------------------------------------|-----------------|---|---------------|
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6. List other skills, education, experience and qualifications below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

This information must be completed even if a resume is submitted

7. **EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. Begin with your present or most recent experience. Include military service that would help you qualify. List each promotion as a separate position. Use Additional Employment Experience forms (PD-30) as necessary. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and the job title you are applying for.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? Yes No

Name & Complete Address of Employer

Mt. Dept. of Labor & Industry, 1327 Lockey St., Helena, Mt. 59601

Your Job Title: Division Administrator

Type of Business: Public Administration

Immediate Supervisor(s): Commissioner Keating

Phone No.: 444-3299

Dates Employed: July /2002 to July/2003
Month/Year Month/Year

Avg. Hrs. Per Week: 50-60 Time Employed: 1 year
Years/Months

Full-time Part-time Volunteer

Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments)

Direct Responsibility for Policy Development, Administration, and oversight of the Unemployment Insurance Laws of Montana(Montana Code Annotated Title 39, Chapter 51). Requires a working knowledge of State Statute and Regulations as well as a knowledge of the Federal Social Security Act. Both Federal and State Law govern the MT UI Program. Direct Fiduciary responsibility for the Montana Unemployment Insurance Trust Fund. The primary skills required are the management of people and resources to accomplish a Legislative objective in the most cost efficient manner possible. This requires leadership skills to motivate people to follow you in constantly improving our abilities to do a given job better, set goals and priorities that employees can understand and embrace, and manage budgets and people in a manner that reflects the priorities of the Division and Department. I am currently supervising approximately 115 FTE's when fully employed plus the Project Phoenix(UI Tax Return) Team of 8-10 employees. Upon return of the UI Tax Collections total FTE's will be approximately 160 people. The accomplishments of initiating a successful UI Trust Fund Adequacy Study and the Implementation of the Project Phoenix (UI Tax to DOLI) are two that I highlight for the past year. I'm also initiating a Strategic Planning process to improve the UI Division Access, Timeliness and Accuracy in providing UI benefits. We will begin to implement this fall.

Reason for Leaving: N/A

7. EXPERIENCE Continued....

NEITH NELLY

| | | | |
|--|---|--|---|
| Name & Complete Address of Employer | | United States Department of Agriculture 1400 Independence Avenue, Washington D.C. 20005 | |
| Your Job Title: Administrator, Farm Service Agency | | Dates Employed: June/1997 to January/2001 Month/Year Month/Year | |
| Type of Business: Public Administrator | Immediate Supervisor(s): Dan Glickman, Secretary | | Avg. Hrs. Per Week: 60 Time Employed: 3.5 Years Years/Months |
| Phone No.: 202/966-5510 | <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer | | |
| Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments) | | | |
| Direct responsibility for policy & administration and oversight of National Farm Policy and Programs, requiring thorough knowledge of Federal Statutes and Regulations. Fiduciary responsibility for the budgeting and accounting of an annual \$30 Billion revolving authority, requiring Presidential appointment & U.S. Senate Confirmation. Supervisory & administrative responsibility for the delivery of \$28.3 Billion annual payments to farmers/ranchers through 2400 offices with 17,500 employees. Responsible for \$18 Billion farm ownership and operation loan portfolio. Responsible for the acquisition, storage, shipment, & distribution of commodities for International Food Aid ie. (Bosnia & Kosovo) Managed a 400% increase in farm Program payments, a 78% increase in Farm Loans portfolio and a 350% increase in international food aid with no increase in employees. Provided a Safety Net to U.S. farmers/ranchers during the worst agricultural economic crisis in 20 years. | | | |
| Reason for Leaving: Resigned for Change in Administration | | | |

7. EXPERIENCE Continued....

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|--|---|---|---|
| Name & Complete Address of Employer | | State Of Arizona, Department of Agriculture 1688 West Adams, Phoenix AZ. 85007 | |
| Your Job Title: Director, Arizona Dept. of Agriculture | | Dates Employed: July 1990 to June/1997 Month/Year Month/Year | |
| Type of Business: Public Administration | Immediate Supervisor(s): Governor Fife Symington | | Avg. Hrs. Per Week: 60 Time Employed: 7 Years Years/Months |
| Phone No.: 602/542-1432 | <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer | | |
| Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments) | | | |
| Consolidated four autonomous State agencies into a unified Cabinet level Department with approx. 450 employees and an appropriated budget of approximately \$13 million. Commended by the Governor's Office for implementing Departmental reorganization with cost savings of \$1.9 million (15% approx.) which included Team Building and Strategic Planning efforts to provide customer service based on budgetary priorities. Proponent of Private Property Rights Legislation which was passed by a bipartisan legislature and signed into law in 1992. | | | |
| Reason for Leaving: Resigned to accept Federal Appointed Position | | | |

8. EXPERIENCE Continued....

RENN KELLY

Name & Complete Address of Employer

State Of Montana, Secretary of States Office
Montana State Capitol, Helena, MT 50620

Your Job Title: Deputy Secretary of State

Dates Employed: March/1990 to June/1990
Month/Year Month/Year

Type of Business: Public Administration

Avg. Hrs. Per Week: 40-50 Time Employed: 4 months
Years/Months
 Full-time Part-time Volunteer

Immediate Supervisor(s): Mike Cooney, Sec. of State

Phone No.: 443-0144

Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments)

Overall management of Office operations for the Secretary of State. To support and assist in implementing Business registration and Licensing laws as required by Montana Statutes.

Reason for Leaving: Resigned to accept position of Agriculture Dept. Director in Arizona.

8. If requested by a State agency, would you like a copy of your state employment application made available for other similar state positions? YES NO There is no guarantee that this information will be made available.

KEITH KELLY

7. EXPERIENCE Continued....

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|---|--|---|--|
| Name & Complete Address of Employer | | State Of Montana, Department of Agriculture Agriculture/Livestock Building, Capitol Station 59620 | |
| Your Job Title: Director, Mt. Dept. of Agriculture | | Dates Employed: January/1983 to January/1989 Month/Year Month/Year | |
| Type of Business: Public Administrator | | Avg. Hrs. Per Week: 60 Time Employed: 6 years Years/Months | |
| Immediate Supervisor(s): Governor Ted Schwinden | | <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer | |
| Phone No.: 442-9541 | | | |
| Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments) | | | |
| Direct responsibility for Policy Implementation and Administration of the Statutes governing the Montana Department of Agriculture. Managed a Cabinet level agency with approximately 110 employees and a \$5.5 Million annual budget. Appointed by Secretaries' of Interior and Agriculture to represent state government in developing and implementing conflict resolution processes on Public Lands. (One of three Pilot projects nationwide.) Initiated and developed the first statewide weed control program in cooperation the DOI/Bureau of Land Management and the USDA/Forest Service with an annual budget of \$1.5 million Assisted with the development of the effort to promote Agricultural Products in both domestic and International markets.(Montanan Growth through Agriculture Act) | | | |
| Reason for Leaving: Resigned for Change in Administration | | | |

7. EXPERIENCE Continued....

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|--|--|--|--|
| Name & Complete Address of Employer | | | |
| Your Job Title: | | Dates Employed: _____ to _____ Month/Year Month/Year | |
| Type of Business: | | Avg. Hrs. Per Week: _____ Time Employed: _____ Years/Months | |
| Immediate Supervisor(s): | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer | |
| Phone No.: | | | |
| Describe your duties in detail (knowledge, skills, behaviors required, employees supervised, accomplishments) | | | |
| Reason for Leaving: | | | |
| 3. If requested by a State agency, would you like a copy of your state employment application made available for other similar state positions? <input type="checkbox"/> YES <input type="checkbox"/> NO There is no guarantee that this information will be made available. | | | |