

TOWN OF GLENROCK POLICE DEPARTMENT



EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

219 South 3rd St. P.O. Box 417 Glenrock, WY 82637-0417
(307)436-2777 FAX (307)436-5753
Email: pdjobs@glenrock.org

For Office Use Only No. _____ Date Received _____

IMPORTANT INSTRUCTIONS:

Please review the minimum qualifications for a job **before** you apply. Be sure to include any supporting documents required in the announcement. Applications must be submitted by the final filing date on the announcement (except for continuous recruitment jobs). **Do not substitute a resume for this application form.** Incomplete or illegible applications will not be processed. If a particular question is not applicable, write "N/ A" in the space. If more space is needed to give full answers or explanations, attach additional sheets. This application form and all attached documents are official records of the Town of Glenrock, and cannot be returned or re-used. The information provided is considered confidential and will be used to evaluate your qualifications for employment.

TYPE OR PRINT IN BLACK INK ONLY

1. NAME: _____
Last First Middle

Maiden Name: _____

1. POSITION(S) APPLIED FOR: _____

2. PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different): _____

3. PHONE NUMBERS: Home/Cell _____ Alternate _____

4. SOCIAL SECURITY NUMBER: _____

Email Address: _____

5. VALID DRIVER'S LICENSE#: _____ STATE CLASS

6. Are you seeking full-time, permanent employment? Yes No

7. Are you a United States citizen? Yes No

8. DATE AVAILABLE FOR WORK: _____

9. PRIOR TOWN OF GLENROCK EMPLOYMENT

- a. Have you ever been employed by the Town of Glenrock? Yes___ No___
- b. Are you presently employed by the Town of Glenrock? Yes___ No___
- c. Are you a current Town employee seeking a promotion? Yes___ No___
- d. Are you a current Town employee seeking a transfer? Yes___ No___

If "Yes" to any of the previous questions, in which Department are you currently employed:

- 10. Do you have relatives employed by the Town of Glenrock? Yes___ No___
If "Yes", in which Department? _____

- 10. Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime?
Yes___ No___

If "Yes", please provide details and court disposition for each occurrence; include dates of any probationary periods. An answer of "Yes" to this question does not constitute an automatic bar to employment. Attach additional sheet if necessary.

FOR SWORN POLICE DEPARTMENT POSITIONS:

Do you certify that you have never, in your adult life, been convicted of, or plead "guilty" or "no contest" to a charge involving domestic violence? Yes___ No___

EDUCATIONAL BACKGROUND

High School (include City & State) _____

Dates Attended: _____ to _____ Do you have: Diploma ___ GED ___

College/University/Trade School/Other

Name (include City & State): _____

Dates Attended: _____ to _____ Diploma ___ Degree ___ Certification ___

Major: _____ Minor: _____

Name (include City & State): _____

Dates Attended: _____ to _____ Diploma ___ Degree ___ Certification ___

Major: _____ Minor: _____

Name (include City & State): _____

Dates Attended: _____ to _____ Diploma _____ Degree _____ Certification _____

Major: _____ Minor: _____

Name (include City & State): _____

Dates Attended: _____ to _____ Diploma _____ Degree _____ Certification _____

Major: _____ Minor: _____

SKILLS AND QUALIFICATIONS

List other **job-related** courses or training (trade, vocational, armed forces, business). Give name and location of each school, dates attended, and subjects studied. Also list college courses and number of semester or quarter hours taken which are specifically **job related**. Also, list other **job-related** qualifications, achievements, skills with machines, patents, publications, typing or keyboarding speed, professional licenses, etc. (give numbers and expiration dates of licenses). **Attach additional sheets or transcripts if necessary.**

MILITARY SERVICE RECORD:

Did you serve in the United States Armed Forces? Yes ___ No ___

Service Branch: _____ Service Dates: From _____ to _____

Type of Discharge: _____

Are you a disabled veteran? Yes ___ No ___ If "Yes", please submit documentation.

REFERENCES

During the course of the background Investigation people who know you will be asked to comment upon your suitability for the position of police officer. Inquiries will be confined to job related matters. Supply the appropriate information below. If a category is not applicable, write "N/A". For all persons listed, provide current contact information:

If living, name, phone number, and address of your:

Father: _____

Mother: _____

Sibling(s): _____

Spouse: _____

Former Spouse(s): _____

Father-in-Law: _____

Mother-in-Law: _____

List the name, address, and phone number of all other individuals with whom you have resided during the last ten years. Include name, current address and phone number.

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

List names and telephone numbers of 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers, and friends.

NAME	ADDRESS	PHONE

List all of your residences during the last ten (10) years. Begin with your most current residence.

ADDRESS	CITY/STATE/ZIP	FROM/TO	LANDLORD'S NAME (IF APPLICABLE)

EMPLOYMENT HISTORY

IMPORTANT INSTRUCTIONS FOR COMPLETING WORK HISTORY: This portion **MUST** be accurate and complete. List your work history, including part-time, temporary, volunteer, summer jobs, and service in the armed forces, for the past twenty years. **List jobs, in reverse chronologically, starting with your present or most recent employer.** List each promotion as a separate job. To evaluate your qualifications, we must have accurate and complete information on previous job tasks and levels of responsibility. **DO NOT substitute a resume for specifics of tasks performed.** For each job, list the most or major tasks first (those which took up most of your time or were most critical), then list the less important tasks. **If more space is needed, attach additional history sheets in the same format.**

Employer: _____ Telephone: _____

Address: _____ City: _____ State: ___ Zip: _____

Position Held: _____ Full Time: ___ Part Time: ___ Other: ___

Dates Employed: _____ to _____ Avg Hours per Week: _____ Salary/Wage: _____

Supervisor/Telephone: _____ May we contact: _____

Number and types of positions supervised: _____

Reason for leaving: _____

Summarize job tasks and responsibilities:

Employer: _____ Telephone: _____

Address: _____ City: _____ State: ___ Zip: _____

Position Held: _____ Full Time: ___ Part Time: ___ Other: ___

Dates Employed: _____ to _____ Avg Hours per Week: _____ Salary/Wage: _____

Supervisor/Telephone: _____ May we contact: _____

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Summarize job tasks and responsibilities:

APPLICANT STATEMENT

I certify that all information provided by me in making application (or any other accompanying required documents) contains no willful misrepresentations, falsifications or omissions and that the information given by me is true, correct and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts on this application shall be considered sufficient cause for denial of employment or if employed, immediate termination of employment, regardless of the timing or circumstances of discovery.

I hereby authorize any and all schools, former employers, references, courts and any others who have Information about me to provide such information to the Town of Glenrock and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that if offered a position with the Town of Glenrock, I may be required to submit to a pre-employment medical examination, alcohol and drug screening and a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of an employment offer or termination of employment if already employed.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature of Applicant_____ **Date** _____

The Town of Glenrock is an equal opportunity employer and values diversity. All employment is decided on the basis of qualifications, merit and business need.

AUTHORIZATION TO RELEASE INFORMATION

To: _____

I am an applicant for a position with the Glenrock, WY, Police Department. I am required to furnish information which this agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the Glenrock Police Department, with which I am seeking employment, and any organization, company, institution, or person furnishing information to that agency as expressly authorized above from any and all liability for damages which may result from furnishing the information requested.

Date: _____

Signature: _____

Printed Name: _____

Current Address: _____

DATE OF BIRTH: _____
 MONTH DAY YEAR

SOCIAL SECURITY NUMBER: _____

<p style="text-align: center;">For Office Use Only</p> <p>No. _____</p> <p>Date Received _____</p>
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INVITATION TO SELF-IDENTIFY

In order to facilitate compliance with federal equal employment opportunity reporting requirements, we have instituted a program of applicant information research. This information will provide useful data in evaluating our recruitment and selection procedures. Nothing provided on this sheet will be used in any way whatsoever to affect your application, rating, or employment. Upon receipt of your application, this page will be detached and kept in a separate confidential file. Completion of this page is voluntary.

TITLE OF JOB APPLIED FOR: _____

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** Male Female

DO YOU CONSIDER YOURSELF TO BE DISABLED OR HANDICAPPED? YES ___ NO ___
 If "Yes", please explain: _____

LAST YEAR OF FORMAL EDUCATION COMPLETED: _____

Grade School	High School	College/Technical	Graduate School
1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	17 18 19 20 21 22

ETHNIC GROUP- CHECK ONE:

- White (includes persons of Indo-European, Pakistani, and East Indian descent)
- Black (includes persons of African, Jamaican, Trinidadian, and West Indian descent)
- Spanish Surnamed (Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent)
- American Indian (persons who identify themselves as such or are known as such by virtue of tribal association)
- Asian American (includes persons of Japanese, Chinese, Korean, or Filipino descent)
- Other (includes Aleuts, Eskimos, Malaysians, Thais, and others not specified above)

How did you learn about this job opportunity? (Check all that apply and the specific reference)

Town Employee? (employee name: _____)

Job Service Office _____

College or School placement office _____

Media Advertisement _____

Trade Journal or other publication _____

Website _____

Other _____