

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge, and that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my applications, or if hired, termination of my employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Printed name of Applicant

Date

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. ~~This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others.~~ I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditional upon my successfully passing a complete pre-employment mental examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Print name: _____

Date: _____

Application for Employment

CITY OF NEWCASTLE POLICE DEPARTMENT

PLEASE TYPE OR PRINT - ANSWER ALL APPLICABLE QUESTIONS

POSITION APPLIED FOR _____ DATE OF APPLICATION ____ / ____ / ____

NAME: _____
LAST FIRST MIDDLE

OTHER NAMES USED _____

MAILING ADDRESS _____
CITY STATE ZIP CODE

HOME TELEPHONE NUMBER (____) _____ - _____ SOCIAL SECURITY NUMBER _____ - _____ - _____
AREA CODE

If necessary, best time to call you at home is _____ May we contact you at work? Yes No

If yes, WORK TELEPHONE NUMBER and Best Time To Call.....(____) _____, BEST TIME TO CALL _____

If you are under 18, can you furnish a work permit? Yes No

Have you ever been employed by the City of Newcastle? YES No

If yes, give dates FROM _____ TO _____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Type of employment desired: Full Time Part-Time

Date available for work _____

Have you been convicted of any law violation other than a minor traffic violation?.....Yes No

If yes, give details: _____

(i.e.: "YES" answer does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying will also be considered.)

25 North Sumner Newcastle, WY 82701 Phone: 307-746-4486 Fax: 307-746-2428

AN EQUAL OPPORTUNITY EMPLOYER

1. Driver's License # _____ State _____
Have you ever had your Driver's License suspended or revoked? Yes No
If yes, please explain: _____

2. Have you ever been dismissed or fired from any position? Yes No
If yes, please explain: _____

3. Have you ever been forced to resign from any position (quit rather than be fired)? Yes No
If yes, please explain: _____

4. Specifically, what was the allegation(s) made against you by your employer? _____

5. Where did you learn of this opening? A. City Job Announcement B. Newspaper C. City Employee D. Friend
E. Other (please specify) _____

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills, training and qualifications acquired from employment or other experiences that relates to this position. Keyboarding _____ wpm

Other: _____

List special accomplishments, publications, awards, and the names of professional groups of which you are or have been a member as well as any additional information you would like us to consider including certifications and licenses.

6. Have you ever been convicted of a felony? Yes No If yes, please explain, listing Agency convicting you of the felony, the date of the conviction, and the charges filed : _____

7. Do you have any pending court actions against yourself or your immediate family? Have you every been involved as a plaintiff or defendant in any civil court action? Yes No If yes, please explain where, when, name and location of court, and circumstance.

Indicate any foreign languages or sign language you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

EDUCATIONAL BACKGROUND:

Have you worked or attended school under any other name? Yes No

If Yes, give names: _____

Circle Highest Grade Completed: HIGH SCHOOL 8 9 10 11 12 GED COLLEGE 1 2 3 4 GRADUATE WORK Yes No

Please list all High Schools you attended and the dates: _____

COLLEGE/UNIVERSITY /TRADE SCHOOLS	CITY/STATE	UNITS	DEGREE/	YEAR	MAJOR	MINOR
		COMPLETED	DIPLOMA OBTAINED			

Employment History

List your employment history starting with the most recent employer. List all positions held, including military experience, part-time, summer and/or volunteer work and periods of unemployment. Explain any gaps in employment on a separate sheet of paper. Make copies of this page as needed to complete your employment history.

EMPLOYER: _____

ADDRESS: _____

TELEPHONE : _____

JOB TITLE: _____

JOB DUTIES/RESPONSIBILITIES: _____

STARTING SALARY \$ _____ / _____ ENDING SALARY \$ _____ / _____

START DATE _____ END DATE _____

IMMEDIATE SUPERVISOR: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

TELEPHONE: _____

JOB TITLE: _____

JOB DUTIES/RESPONSIBILITIES: _____

STARTING SALARY \$ _____ / _____ ENDING SALARY \$ _____ / _____

START DATE _____ END DATE _____

IMMEDIATE SUPERVISOR: _____

REASON FOR LEAVING: _____

REFERENCES: Please list 3 – 6 individuals who are social acquaintances who have knowledge of your qualifications. Exclude relatives and former employees.

NAME AND ADDRESS	TELEPHONE

Have you ever made application for employment with this or any other law enforcement or enforcement related agency? Yes No If yes please submit the information below. Status = pending, rejected, not pursued, etc.

NAME OF AGENCY	DATE OF APPLICATION	STATUS OF APPLICATION

MILITARY SERVICE: Have you ever served in the armed forces, National Guard or military reserves?
 _____ Yes _____ No If yes, please supply the following information:

Branch of Service: _____ Service Number : _____

Dates of Service: _____ to _____ Type of Discharge: _____

Are you currently participating in any military reserve or National Guard program? _____ Yes _____ No
 Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National
 Guard or military reserves? _____ Yes _____ No If yes, please give details: _____

Past Commanding Officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

NAME AND ADDRESS	TELEPHONE

FINANCIAL: The management of personal finances is relevant to an individual's qualifications for a position in Law Enforcement. This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations. Please supply information about your charge accounts, contracts or other financial liabilities:

NAME OF FIRM, ADDRESS, TELEPHONE NUMBER	ACCOUNT NUMBER

Have you ever filed for or declared bankruptcy? Yes No If yes, explain when, where and why

Have any of your bills been turned over to a collection agency? Yes No If yes explain when, firms involved and circumstance: _____

Have your wages ever been garnished? Yes No If yes, explain when, where and why:

Have you ever been delinquent on income or other tax payments? Yes No If yes explain when, where and why: _____

Have you ever been involved as a driver in a motor vehicle accident in the last 7 years? Yes No
If yes please give details for each accident: (date, location, injury/non-injury, Police Agency, and investigation)

Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes No
If there is anything you wish to discuss about your driving record, please use the space below:

LEGAL/CRIMINAL INVOLVEMENT/ARRESTS/DETENTIONS: If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information:

APPROX. DATE	POLICE AGENCY	CIRCUMSTANCES

Have you ever been placed on court probation as an adult? Yes No If yes, please give details include when, where, and why

List all crimes detected and undetected that you have been involved in:

Have you ever taken any property/money from an employer or place of business? Yes No

If yes please explain: _____

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No If yes please give details, include when, where, why, and the disposition.

Have you ever been de-certified as a Peace Officer, Dispatcher, or Detention Officer? Yes No If yes please explain

GENERAL INFORMATION:

Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No

If yes please explain:

Have you ever applied for a permit to carry a concealed weapon? Yes No

If yes please provide the following information: Permit granted? Yes No

Date _____

Name of Law Enforcement Agency applied to:

Newcastle Police Department
Background Release of Liability

Name: _____ Date of Birth: _____
(Print)

I authorize any medical facility, doctor, law enforcement agency, company, organization, Worker's compensation, or any employee of the same, or any other person to furnish the Newcastle Police Department any and all information that you may possess or have knowledge of concerning my work record, school record, military record, reputation, financial or credit status, mental or physical fitness abilities, criminal history or any other information you may possess that might aid the Newcastle Police Department in assessing my suitability for employment. This information does include but is not limited to any and all medical, physical and mental records or report and hospital records, including all information of a confidential nature and reproduction of same is requested.

I hereby release you and/or your organization and any and all others from any liability or damage that may result from furnishing the information requested by the Newcastle Police Department or an employee thereof.

(Signature of Applicant) (Date) _____

State of _____

ss

County of _____

This foregoing instrument was acknowledged before me by _____
(Applicant Name)

this _____ day of _____, 20____

Witness my hand and official seal: _____
Notary Public

(SEAL) My commission expires: _____

AUTHORIZATION TO RELEASE INFORMATION

To: _____

I am an applicant for a position with the Newcastle 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 agency with which I am seeking employment and any organization, company, institution or person furnishing to that agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

Date: _____ Signature _____

Print full name: _____

Present address: _____

_____ City State Zip

Birth date: _____ Social Security #: _____

State of _____ ss

County of _____

The foregoing instrument was signed before me by _____

_____, this _____ day of _____, _____.

Witness my hand and official seal. _____
Notary Public

My commission expires: _____

**ACADEMIC BACKGROUND AUTHORIZATION
AND LIABILITY WAIVER**

To Whom It May Concern:

I hereby authorize the Newcastle Police Department to review my academic records and my personal history pertaining to my attendance at _____
(Name of School). I further authorize you to release such other information as may be requested by that agency. Such information is to be used by that agency to assist it in determining my qualifications and fitness for an employment position which I am currently seeking.

I hereby expressly release your institution and its employees from any liability for damage to me which may result from the furnishing of such information.

Date: _____
Signature

Print full name: _____
Last First Middle

Date of birth: _____ Social Security Number: _____

Dates attended: _____

Present Address: _____

_____ City State Zip

State of _____ ss

County of _____

The foregoing instrument was signed before me by _____
_____, this _____ day of _____, _____.

Witness my hand and official seal. _____
Notary Public

My commission expires: _____.

AUTHORIZATION TO RELEASE INFORMATION
RELEASE OF LIABILITY AND COVENANT
NOT TO SUE

NOTICE TO APPLICANT:

Read this document carefully. In addition to an authorization to release information, this document contains a release of liability and covenant not to sue.

NOTICE TO REFERENCE:

In addition to an authorization to release information regarding the undersigned applicant, this document contains a general release of liability and covenant not to sue on account of information released in compliance herewith. No representations, express or implied, are made or intended by the City of Newcastle, Wyoming, its officials, officers, employees, legal counsel, agents or representative as to the legal effect of the authorization, release of liability or covenant not to sue contained in this document. It is recommended that you consult your own legal counsel regarding the legal effect of this document.

I, _____, have made an application for employment as a Police Officer, Community Service Officer or Communications Dispatcher with the Police Department for the City of Newcastle, Wyoming, whose address is 25 North Sumner, Newcastle, Wyoming 82701 and telephone number is (307) 746-4486. My employment history is relevant to my suitability for employment with the Newcastle Police Department. To this end, I hereby authorize

_____ and his/her officers, employees, agents and representatives (herein collectively referred to as "you" and "your") to release to the Chief of Police of the Newcastle Police Department or his agent or representative copies of any and all documents, reports, notices, notes statement, evaluations, disciplinary actions or other times contained within my personnel file maintained by you, whether written, video taped or audio taped. The Newcastle Police Department shall be responsible for all copy, mailing and related charges.

I further hereby authorize you to openly, honestly, and candidly disclose, discuss, respond to questions and offer comments and opinions to the Chief of Police of the Newcastle Police Department or his agent or representative regarding your knowledge of me and regarding all aspects of my employment history with you; including without record, why I left employment with you, how I got along with other employees and supervisors, my community reputation how I interacted with others in connection with my employment and generally whatever else the Chief of Police or his agent or representative should inquire about.

In consideration for your complying with the foregoing, I hereby expressly release and forever discharge you from any and every claim, demand, action, liability, and right of action, of whatever kind or nature, either in law or equity, which I might have in the future against you for defamation, slander, libel, invasion of privacy, infliction of emotional or mental injury, breach of contract, loss of opportunity or any other cause of action arising on account of your compliance with my authorizations set forth hereinabove. It is my express intent that this release of liability and covenant not to sue shall be liberally construed in your favor so as to protect you and prevent me from bringing any action against you on account of your compliance with my authorizations set forth hereinabove. Additionally, it is my express intent that this

release of liability and covenant not to sue extended to all persons responding hereto and their employers, including governmental employers.

Dated this _____ day of _____,

(signed)

(printed)

STATE OF _____)

:ss

COUNTY OF _____)

Acknowledged before me this _____ day of _____,

_____ by _____.

(signed)

Subscribed and sworn to before me this _____ day of _____,

_____.

Notary Public

My commission expires: _____

Notary stamp

PEACE OFFICER EXAMINATION WAIVER FORM

I, the undersigned, an applicant for a position with the Newcastle Police Department of the City of Newcastle, County of Weston, State of Wyoming, in consideration of being permitted to take such practical tests as are deemed necessary to determine my fitness and eligibility for the ~~position do hereby voluntarily waive and forever release the Newcastle Police Department of the~~ City of Newcastle, County of Weston, State of Wyoming and its duly appointed agents, officials and members of the examining board and their assistants conducting said examination and the City of Newcastle, County of Weston, State of Wyoming, from all claims, demands or causes of action for any damages or injury that may occur or accrue to me while in the performance of such test or in the taking of such test.

I also declare that to the best of my knowledge, I am in good health and sound physical condition and have no physical disability or impairment or health condition which would prevent me from participating in these tests.

Dated: _____
Signature of Applicant

State of _____
ss

County of _____

The forgoing instrument was acknowledged before me by
_____, this _____ day of _____ 20____

Witness my hand and official seal _____

Notary Public

My Commission expires _____

CONSENT FORM

I, _____, have reviewed the Peace Officers Physical Ability Test and have determined that I am capable of taking and completing the test battery without undue stress. I understand that some of the activities are strenuous, require substantial exertion on my part and that I may become uncomfortable during or following these activities. I further understand that I may suffer injury while giving a maximum effort on the tests in this battery and may suffer muscle strains and/or soreness during or after the tests have been completed.

I fully understand and appreciate the risks that may be involved with taking this test and will not hold the test administrators, the test developers nor the agency responsible for any injury I may incur during testing.

I understand that not everyone may pass this test, that the test will differentiate between those who can and those who cannot perform at predetermined levels in selected areas of functioning and that if I am unable to perform at the predetermined level, that I will be eliminated from further consideration of employment.

I hereby attest that I have read and understand the statement above.

Signature of Applicant

Date

Printed Name of Applicant

Before participating in this study, please answer the following questions. Mark those items that apply to you

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Your doctor said you have heart trouble, a heart murmur, or you have had a heart attack. |
| <input type="checkbox"/> | <input type="checkbox"/> | You frequently have pains or pressure – in the left or mid chest area, left neck, shoulder or arm – during or right after exercise. |
| <input type="checkbox"/> | <input type="checkbox"/> | You often feel faint or have spells of severe dizziness. |
| <input type="checkbox"/> | <input type="checkbox"/> | You experience extreme breathlessness after mild exertion. |
| <input type="checkbox"/> | <input type="checkbox"/> | Your doctor said your blood pressure was too high and is not under control or you don't know whether or not your blood pressure is normal. |
| <input type="checkbox"/> | <input type="checkbox"/> | Your doctor said you have bone or joint problems such as arthritis. |
| <input type="checkbox"/> | <input type="checkbox"/> | You have a family history of premature coronary artery disease. |
| <input type="checkbox"/> | <input type="checkbox"/> | You have a medical condition not mentioned here which might need special attention in an exercise program. |

If you answered NO to all questions, you have a reasonable assurance of your suitability for this study.

If you answered YES to any question, we will not be able to use you in this study.

MEDICAL INFORMATION RELEASE

To: _____

I am an applicant for a position with the Newcastle Police Department. It is essential that the examining physician evaluate my medical background. For that purpose, the examining physician has requested I authorize you to provide my medical record and history concerning the following medical condition(s):

Please forward such information to: Newcastle Police Department
25 North Sumner
Newcastle, WY 82723

I hereby expressly release you and your employees from any liability for damage to me which may result from the furnishing of such information.

Date: _____
Signature

Print full name: _____
Last First Middle

Address City State Zip Code

Telephone number Social Security number Date of Birth

State of _____

SS

County of _____

The foregoing instrument was signed before me by _____

_____ this _____ day of _____

Witness my hand and official seal. _____

My commission expires: _____

VETERAN'S PREFERENCE

Date: _____

To: _____

I, _____, request
(signature of applicant)
consideration for Veteran's Preference under Title 39, Chapter 30, MCA.

A copy of honorable discharge and a copy of the Veterans Administration Letter of Eligibility for service-connected disability must be attached.

Date: _____ Signed: _____

State of _____)

ss

County of _____)

The foregoing instrument was signed before me by _____

_____, this _____ day of

_____, _____ . Witness my hand and official seal.

_____ Notary Public

My commission expires: _____.

Notary stamp:

MILITARY RECORDS CENTERS

AIR FORCE

Headquarters, USAF (AFDASE)
Washington, DC 20330
(EAD off.; retirees; ANG personnel)

Air Reserve Records Center
3800 York St.,
Denver, CO 80205
(Reservists not on EAD)

Military Personnel Records Center,
GSA (Air Force)
St. Louis, MO 63132
(Off. & airmen completely separated;
EAD airmen)

ARMY

Commanding Officer
U.S. Army Personnel Services Support Center
Ft. Benjamin Harrison, IN 46249
(all EAD enlisted personnel)

The Adjutant General's Office
Personnel Records Division
Department of the Army
Washington, DC 20310
(all EAD off.; all general off.)

Commanding Officer
U.S. Army Records Center, TAGO
9700 Page Blvd.
St. Louis, MO 63132
(Off. & EM completely separated after Oct.
5, 1945; RETIRED OFF. & em; field personnel files
Standby & Retired Reserve personnel)

MARINE CORP

Commandant of the Marine Corps (DGK)
Headquarters, U.S. Marine Corps
Washington, DC 20380
(USMC & USMCR off. & EM on EAD;
active Res. EM: off. & EM completely
separated less than 4 mos.)

COAST GUARD

Commandant
U.S. Coast Guard
Washington, DC 20226
(EAD off. & EM; EM separated during
current yr. & 1 yr. Prior; off. Completely
separated before Jan. 1, 1929)

Military Personnel Records Center
GSA (Coast Guard)
9700 Page Blvd.
St. Louis, MO 63132
(Off. Completely separated after Dec. 31,
1928, except less than 3 mos.; EM
completely separated except for current
yr. & 1 yr. prior)

NAVY

Chief of Naval Personnel
Department of the Navy
Washington, DC 20370
(All off. Personnel; EAD EM; active &
inactive reservists, retirees, EM completely
separated less than 6 mos.)

Military Personnel Records Center
(GSA Navy)
9700 Page Blvd.
St. Louis, MO 63132
(EM completely separated 6 mos. or more)

Military Personnel Records Center
GSA (Marine Corps)
9700 Page Blvd.
St. Louis, MO 63132
(Off. & EM completely separated 4 mos. or
more; retired off. & EM; inactive Res. EM)

REQUIRED DOCUMENTATION

Following copies of all documents to be left with the application file

1. Social Security Card
2. Valid Driver's license or Identification card
3. Birth Certificate
4. Proof of American Citizenship (if applicable)
5. Selective Service Letter (if applicable)
6. DD214 (if applicable – prior service)
7. Certificates of achievement
8. Diplomas
9. Verification documents of all marriages/divorces
10. Transcripts may be sent directly to Newcastle Police Department Attn. Communications Supervisor, 25 North Sumner, Newcastle, WY 82701 or brought to testing