

**TOWN OF SARATOGA**  
**DISPATCHER APPLICATION FORM**

Full Name (print) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Any other names used (past or present): \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Have you ever worked as a dispatcher? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed the WY Academy for dispatchers? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Issuing state \_\_\_\_\_ License class \_\_\_\_\_

Are you related to any current full-time Town of Saratoga Employee(s)? \_\_\_\_\_ If yes, please provide the employee's name and nature of the relationship: \_\_\_\_\_

Please list any information, including additional skills, professional memberships, awards, etc. you feel maybe important or useful in helping the Town of Saratoga decide whether you should be hired for this position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I learned of this opening through (check one)

Police teletype \_\_\_\_\_

Job service listing \_\_\_\_\_

Word of mouth \_\_\_\_\_

WY Academy or P.O.S.T. \_\_\_\_\_

Internet site \_\_\_\_\_

Newspaper ad \_\_\_\_\_ Name of Newspaper \_\_\_\_\_

Other \_\_\_\_\_

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Saratoga (Wyoming) Police Department, I am required to furnish information which the Saratoga Police Department may use in determining my qualifications for the position. I hereby authorize the release of any and all information which you or your agency may have concerning me, including information of a personal or confidential nature, to the Saratoga Police Department or their representative.

I hereby release the Saratoga Police Department, the Town of Saratoga and any organization, company, institution, agency or person furnishing information to the Saratoga Police Department as herein authorized, from any liability for damage which may result from furnishing such information.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Mail to:  
Saratoga Police Department  
PO Box 552  
Saratoga, WY 82331

## **PERSONAL HISTORY STATEMENT**

### **APPLICATION INSTRUCTIONS**

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position at the Saratoga Police Department. Please complete the questionnaire completely and accurately. Completion of this form is mandatory for all applicants. The form must be received by the application deadline.

All information contained in the personal history statement is subject to verification. Deliberate inaccuracies or incomplete statements may bar or remove you from employment consideration. All time periods in your background must be accounted for.

It is to your advantage that you respond openly and completely. Any negative factors in your background will be evaluated in the terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job.

Deliberate omissions or deliberate misstatements and misrepresentations of required information are grounds for rejection. Failure to properly complete this document may also result in rejection of your application.

If a question does not apply to you, write N/A in the space provided for the answer. Do not leave any space blank. If you need more space to respond to a question, please use additional pages and identify the additional information by including the question.

All applicants are required to submit the following information with their application forms and personal history statement:

- Copy of Birth certificate
- Copy of current valid Driver's license and driving record
- Copy of Social Security card
- Copy(ies) of High school and other diplomas
- Copy of Military records

Thank you for your interest in the Saratoga Police Department. Submit all applications and information to:

Chief of Police

Saratoga Police Department

PO Box 552

Saratoga, WY 82331

**SARATOGA WYOMING\*POLICE DEPARTMENT**  
**PERSONAL HISTORY STATEMENT**

Please complete this form in ink, in your own handwriting

**PERSONAL:**

The following information is requested of you for verification and contact purposes. Please print or type. If additional space is needed, please attach a separate page, indicating the section being addressed.

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: Number Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number(s) \_\_\_\_\_ Hours to contact you \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of birth city \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Driver's license number: \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_ Gender \_\_\_\_\_

Scars, tattoos or other identifying marks \_\_\_\_\_

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ In accordance with the Federal Privacy act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.

Current hobbies and activities \_\_\_\_\_

**RELATIVES, REFERENCES, ACQUAINTANCES:**

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position you have applied for. Inquires will be confined to job related matters. Please provide the following information. **If a category is not applicable, please write N/A.**

If Living, Name of Your	Current Address	Phone number
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Father		
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Mother		
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Father in-law		
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Mother in-law		
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Spouse \_\_\_\_\_

Former spouse \_\_\_\_\_

Former spouse \_\_\_\_\_

Brother/Sister \_\_\_\_\_

Brother/Sister \_\_\_\_\_

Brother/Sister \_\_\_\_\_

Step-mother \_\_\_\_\_

Step Father \_\_\_\_\_

Step  
siblings \_\_\_\_\_

Please list other relatives with whom you have a close personal relationship (including children)

Name	relationship	address	Phone

Please list all individuals with whom you have resided with during the last ten years (do not include information prior to your 15<sup>th</sup> birthday). Exclude Family Members.

Name	Address	Phone

Please list as references 3 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and friends.

Name	Address	Phone

Please list 3 individuals who are social acquaintances ( person whom you have seen frequently during the past year) and who have knowledge of your qualifications. **Exclude relatives and former employers.**

Name	current address	Phone

EDUCATION:

I possess a high school diploma: Yes \_\_\_\_\_ No \_\_\_\_\_

I passed the G.E.D. (General Education Development) Test. Yes \_\_\_\_\_ N/A \_\_\_\_\_

I possess other equivalent. Explain \_\_\_\_\_

I do not currently have a high school diploma or its equivalent, but will satisfy this requirement as follows:

Date \_\_\_\_\_ How? \_\_\_\_\_

Please indicate all schools you have attended, beginning with high school. During the background investigation. Persons who knew you in a learning environment may be contacted and your school records may be reviewed.

School name	Location (City, State)	Dates attended	Degree/Diploma

Where you ever expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been placed on academic probation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Employment dates	Employer's name, address Phone	Position	Supervisor's name	Reason for leaving
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Have you ever quit a job rather than get fired? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail the circumstances surrounding your termination/request to leave or resignation in lieu of being fired. Please include allegations made against you, dates, names, address and phone number of your employer, supervisor's name and all of the facts. If you have been fired or requested to leave on more than one occasion, please list each incident separately (attach additional pages if necessary):

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May we contact your present employer during the course of a background investigation? Yes \_\_\_ No \_\_\_

If no, when should such contact be made? \_\_\_\_\_

If you have had no prior employment, please explain: \_\_\_\_\_

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**MILITARY SERVICE:**

Have you ever served in the armed forces, National Guard, or military reserves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

Branch of service \_\_\_\_\_ Service # \_\_\_\_\_ Service dates \_\_\_\_\_

Type of discharge \_\_\_\_\_

Awards, Special schools/Training (Type and date) \_\_\_\_\_

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Please list current and past draft classifications in chronological order beginning with the most current classification. \_\_\_\_\_

Are you currently a member of a U.S. Reserve or National or State Guard Organization? Yes \_\_\_ No \_\_\_

Branch of Service \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_ Standby \_\_\_\_\_

Grade and Service# \_\_\_\_\_ Organization/State/Unit and location \_\_\_\_\_

Have you ever been subject to any judicial disciplinary action while in the military, National Guard or military reserves? Yes \_\_\_ No \_\_\_ If yes, please give details, including branch of service, date, location and circumstances. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name	Address	Phone	#of years acquainted
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**FINANCIAL:**

This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations. **Please be complete and accurate.**

Please supply information about your charge accounts, contracts or other financial liabilities.

Name of firm	Address	Phone	Account number
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Have you ever filed for or declared bankruptcy? Yes \_\_\_ No \_\_\_  
If yes, please give details, including date, firms involved and circumstances. \_\_\_\_\_

Have any of your bills been turned over to a collection agency? Yes \_\_\_ No \_\_\_  
If yes, please give details, including date, firms involved and circumstances. \_\_\_\_\_

\_\_\_\_\_

Have you ever had items you purchased repossessed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details, including date, location and circumstances. \_\_\_\_\_

Have your wages ever been garnished? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details, including date, location and circumstances. \_\_\_\_\_

Have you ever been delinquent on income or other tax payments? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details, including date, type of taxes and circumstances. \_\_\_\_\_

Has credit ever been denied to you or cancelled on you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details. \_\_\_\_\_

**LEGAL:**

Have you ever been arrested or convicted for any crime (excluding traffic citations), please give the following information.

Date	Law enforcement agency	Circumstances
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List all crimes (detected or undetected) that you have been involved in. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever taken any property/money from an employer or place of business? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of a crime other than misdemeanor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been placed on court probation as an adult? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above five questions, please explain each incident in detail including the final outcome ( list juvenile as well as adult occurrences). If more space is needed, please attach additional pages. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVER'S HISTORY AND LICENSE INFORMATION:**

Driver's license number \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_  
Name under which driver's license was granted. \_\_\_\_\_  
Do you have a valid driver's license in more than one state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list states: \_\_\_\_\_

Please list other states where you have been licensed to operate a motor vehicle and the name under which the license was granted:

State \_\_\_\_\_ Name \_\_\_\_\_

State \_\_\_\_\_ Name \_\_\_\_\_

State \_\_\_\_\_ Name \_\_\_\_\_

Have you ever been refused a driver's license by any state. Yes \_\_\_ No \_\_\_

If yes, please give details, including time, state and circumstances: \_\_\_\_\_

Have you, within the last three years, operated a motor vehicle without having the proper insurance?

Yes \_\_\_ No \_\_\_

Wyoming law requires operators and owners of motor vehicles to be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy Number

List all traffic citations and/or summons you have received since you began driving.

Nature of violation	Issuing agency	Date	Disposition Fine/jail etc.

Have you ever had your license placed on probation for receiving an excessive number of traffic citations? Yes \_\_\_ No \_\_\_

Have you ever been involved in an accident and left the scene without identifying yourself? Yes \_\_\_ No \_\_\_

Have you ever been involved in an accident that you were required by law to report and didn't?

Yes \_\_\_ No \_\_\_. If yes, please provide the circumstances. \_\_\_\_\_

Did you submit it to your insurance? Yes \_\_\_ No \_\_\_

How many motor vehicle accidents have you been involved in as the driver? \_\_\_\_\_

Have you ever been in an accident when you were driving after you had been any type of alcoholic beverage or ingested any controlled substance? Yes \_\_\_ No \_\_\_

Have you ever had your Driver's license suspended/revoked or cancelled? Yes \_\_\_ No \_\_\_ If yes, please give details, Date, type of suspension, date reinstated. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is anything you would like to mention about your driving record, please use this space. \_\_\_\_\_

**GENERAL INFORMATION:**

Have you ever made an application for employment with this or any other law enforcement related agency?

Name of agency	Date of application	Status of application

**PERSONAL DECLARATIONS:**

Drug use covers all description terms used to describe the ingestion or any of the listed types into a person's system. Example: Experimented, tried etc. Have you illegally sold, furnished, given away, bought, possessed, injected or used the following? **In the activity column, indicate whether you sold, furnished, bought, possessed, and/or used the substance indicated**

Marijuana	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Hashish	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
"Speed"	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Cocaine	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
LSD	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
STP	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
PCP	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Peyote	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Mushrooms	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Quaaludes	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Trnquilizer	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Barbiturates	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Heroin	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Crank	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Designer drugs	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____
Meth	Yes ___ No ___	Activity _____	Approx. last date _____	Form used _____

Within the last three years, have you inhaled (glue, paint etc.)? Yes \_\_\_ No \_\_\_

Describe your involvment, including the substance. \_\_\_\_\_

When was the last time? \_\_\_\_\_

During the last year, have you used cough medicine or any other type of over the counter drug to get high? Yes \_\_\_ No \_\_\_ If yes, please explain. \_\_\_\_\_

How have you prepared yourself to be an employee of the Town of Saratoga? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why is becoming an employee with the Town of Saratoga Police Department important to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any incidents or circumstances in your life not included herein which may reflect upon your suitability to perform the duties which you may be called upon to perform. Yes \_\_\_ No \_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all statements made in this Personal History Statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

\_\_\_\_\_  
Applicant's signature in full

\_\_\_\_\_  
Date