

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

TOWN OF SARATOGA
Police Officer Application Form

Full name (Print F,M,L) _____

Any other names used (past/present) _____

Mailing address _____

Telephone number(s) Home _____ Work _____

Are you a certified police officer? _____ If yes, what state? _____

May we contact your current employer? _____

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

Are you related to any current full-time Town of Saratoga Employees? _____ If yes, please provide the employee's name and relationship: _____

Please list any information, including additional skills, professional memberships, awards, etc. that you feel may be 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):

Teletype

Job Services

Word of mouth

WY Academy/POST

Internet site

Other _____

Newspaper

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 form 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

One page synopsis outlining your reasons for wanting to be a Saratoga Police Officer.

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

Spouse		
Former spouse		
Former Spouse		
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	Current Address	Telephone Number

Please list all individuals with whom you have resided with during the last ten years (do not include information prior to your 15th birthday) Exclude family members.

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

Name	Current address	Telephone numbers

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

Name	Current Address	Telephone number

EDUCATION

The Peace Officer Standards and Training Commission requires a Peace Officer to possess a high school diploma or its equivalent.

_____ I possess a high school diploma

_____ I passed the GED (general education development) test

_____ 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 the 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)	Date Attended	School Reference	Degree/diploma

Were you ever expelled from any school? _____

If yes, please explain (include school, date and circumstances). _____

Have you ever been placed on academic probation? _____ if yes, please explain (school, dates and circumstances). _____

Please list all clubs, sports, leadership positions, community activities, awards, commendation or items of special recognition: _____

Residences:

Individuals who have become acquainted with you by reason of your locations are often helpful in providing useful information for the background investigation.

Please list all of your residences during the last 10 years, not including information prior to your 15th birthday. Begin with your most current residence first.

Address of Residence	City, State, Zip Code	Dates of residency	If rental, name/address of rent collector

Experience and Employment:

Beginning with your most current employment, please list all jobs (including part time, temporary and voluntary) you have held since the age of 18. Indicate the nature of the position (full time, part time, or voluntary). If you have had intervening periods of military service or unemployment, please list those periods in sequence. Attach additional paper if necessary.

Employment Dates	Employer name and address and telephone number	Position held/Supervisors name and title	Rate of pay	Reason for leaving

Have you ever quit a job rather than get fired? _____

If yes, please explain the circumstances surround your termination/request to leave or resignation in lieu of being fired. Please include allegations made against you, dates, names, address and phone numbers 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, and attach additional pages if necessary.

May we contact your present employer during the course of a background investigation? _____

If no, when should contact be made? _____

If you have had no prior employment, please explain. _____

Military Service:

Have you ever served in the Armed Services, National Guard or military reserves? _____

If yes, please provide the following information:

Branch of Service _____ Service # _____ Service date _____ to _____

Type of discharge _____

Awards, special schools/training (type and dates) _____

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

Are you currently a member of a US Reserve or National or State Guard Organization? _____

Branch of service _____ Active _____ Inactive _____ Standby _____

Grade and Service # _____ Organization/State/Unit & Location _____

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? _____ if yes, please give details:

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

Name	Address	Telephone number	Years acquainted

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 and other financial liabilities.

Name of Firm	Address	Telephone number	Account number

Have you ever filed for or declared bankruptcy? _____ if yes, please give details including date, firms involved and circumstances. _____

Have any of your bills been turned over to a collection agency? _____ if yes, please give details, including date, firms, and circumstances. _____

Have you ever had items repossessed? _____ if yes, please give details, including date, firms, and circumstances. _____

Have your wages ever been garnished? _____ if yes, please give details, including date, firms, and circumstances. _____

Have you ever been delinquent on income or other tax payments? _____ if yes, please give details, including date, type of taxes and circumstances: _____

Has credit ever been denied to you or canceled on you? _____ if yes, please give details _____

Legal

If you have ever been arrested or convicted for any crime (excluding traffic citations) please give the following information:

Date	Law Enforcement Agency	Circumstances

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? _____

Have you ever been convicted of a crime other than misdemeanor traffic violations? _____

Have you ever been placed on court probation as an adult? _____

Have you ever been reported to a law enforcement agency as a missing person or a runaway? _____

Are you now, or have you ever been, involved as a plaintiff or defendant in any civil court action? _____

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).

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of Patrol Officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following 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? _____

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 _____

Have you ever been refused a driver's license by any state? _____

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? _____

Wyoming Law requires operators and owners of motor vehicles to be covered by automobile liability insurance. Please list the current liability insurance you have with your motor vehicle(s).

Company	Address	Policy number

Please provide the name, address and telephone number of your local agent:

List all vehicles owned by you and your spouse:

Year	Make	Model	License Plate #	State of issue	Month/Year

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

Nature of violation	Issuing agency	Approximate date	Disposition (fined, not guilty, guilty?)

Have you ever had your license placed on probation for receiving an excessive number of traffic violations? _____

Have you ever been involved in an accident and left the scene without identifying yourself? _____

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

If you answered yes to any of the above 3 questions please provide circumstances: _____

Did you submit it to your insurance? _____

How many motor vehicle accidents have you been involved in as a driver? _____

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage or ingested any controlled substance? _____

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance? _____

Have you ever had a hearing for probation/suspension? _____

Have you ever had your driver's license suspended? _____

If yes, please complete:

Date of suspension	Type of suspension	Date reinstated

Have you ever been placed as an assigned risk for vehicle insurance? _____

Have you ever had your insurance revoked due to the number of traffic citations you received? _____

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked? _____

Has your license ever been suspended, revoked, or placed on negligent operator's probation? _____

If you have been involved as a driver in a motor vehicle accident in the last 7 years, provide the following:

Date	Location	Law Enforcement Agency	Investigation conducted?	Injury or non-injury?

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

General Information

Have you ever applied for employment with this or any other law enforcement related agency? _____

Name of Agency	Date of Application	Status of Application: Pending, rejected, not pursued, etc.

Have you ever been decertified as a Peace Officer? _____ if yes, please explain: _____

Have you ever applied for a permit to carry a concealed weapon? _____ if yes, please provide the following information:

Date	Law Enforcement Agency	Purpose

Personal Declarations:

Drug use covers all description terms used to describe the ingestion of any of the listed types into a person's system. Have you illegally sold, furnished, given away, bought, possessed, injected or used the following:

*Please indicate activity, i.e. sold, furnished, bought, possessed and/or used the substance.

Drug	Yes	No	Activity*	Approx. Last Date Used	Form used
Marijuana					
Speed					
Cocaine					
LSD					
STP					
PCP					
Peyote					
Mushrooms					
Quaaludes					
Tranquilizer					
Barbiturates					
Heroin					
Crank					
Designer Drugs					

Within the last three years, have you inhaled (paint, glue, etc.)? _____ Date _____

Please describe your involvement, including the substance. _____

Do others use illegal drugs in your presence? _____ If yes, how often? _____

When was the last time? _____

During the last year, have you used cough medicine or any other over the counter drug to get high? _____

If yes, please explain: _____

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

