

PERSONAL HISTORY STATEMENT INSTRUCTIONS TO THE APPLICANT

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 with the Moorcroft Police Department. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory for all applicants
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment consideration.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job. For example, being fired from a job or having an arrest record may not in itself be grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such occurrences. An evaluation will then be made of the relevance of these facts to the requirements of the job.

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

PLEASE PRINT IN INK – MUST BE HANDWRITTEN OR TYPED. If a question does not apply to you write N/A (not applicable) in the space provided for your answer. Do not leave any spaces blank. If you need more space to respond to a question, use additional pages and identify the additional information by question number.

EDUCATION HISTORY

List all high schools, colleges, technological or trade school you have ever attended, regardless of whether you graduated.

If you are listing colleges/universities and you did not graduate, indicate the actual number of credit hours you earned.

If you attended a technological or trade school, indicate your course of study and whether you received a diploma of certification.

Name, Type & Location (City & State) of School	Dates Attended: From: To:	Degree &/or Credits Earned

List all Police Academies that you have attended (include all states in which you have been certified):

Name, Type & Location (City & State) of School	Dates Attended: From: To:	Degree &/or Credits Earned

ACTIVITIES

Are there any incidents, community activities, or organizations in your life which may reflect upon your suitability to perform the duties which you may be called upon to perform? Yes: _____ No: _____.

If yes, please explain:

Are there any Awards, Commendations or Items of special recognition in your life which may reflect upon your suitability to perform the duties which you may be called upon to perform? Yes: _____ No: _____.

If yes, please explain:

EMPLOYMENT HISTORY

List your complete employment record for the last ten years starting with your last or present employer. Please include the month and year in the date column and complete address and phone numbers. All periods of unemployment must be accounted for.

Dates Address & Phone	Employer Name	Position held & Supervisor	Pay Rate	Reason for Leaving

Have you ever had to quit a job rather than get fired?
Yes _____ No _____

If yes, please explain in detail the circumstances surrounding this incident. Please include dates, names, address and phone number of employer, supervisor's name and all of the facts. If you have been terminated/requested to leave more than once please list each incident separately. (attach addition pages if necessary):

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Within the past five years have you illegally sold, furnished, given away, bought, possessed, injected or used?

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

* Please indicate in this column whether you sold, furnished, bought, possessed and/or used the substance indicated.

Within the last year have you inhaled (paint, glue, etc) or have you used cough medicine or any other over the counter medication to get high? _____

If yes, explain:

PERSONAL REFERENCES

List 5 people who know you well enough to provide current information about you. **Do not use relatives or past/present employers!**

REFERENCE #1		
Name:		Occupation:
Home Address		
Home Phone #	Work Phone #	
Years Known		
Briefly describe your relationship with this person		
REFERENCE #2		
Name:		Occupation:
Home Address		
Home Phone #	Work Phone #	
Years Known		
Briefly describe your relationship with this person		
REFERENCE #3		
Name:		Occupation:
Home Address		
Home Phone #	Work Phone #	
Years Known		
Briefly describe your relationship with this person		

RESIDENCES

List all addresses where you have lived during the past seven years, beginning with your present address. List date by month and year. Attach an additional page if necessary. Include apartment complex names & the office telephone number.

DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
OFFICE	NAME OF COMPLEX:		PHONE#
DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
OFFICE	NAME OF COMPLEX		:PHONE#
DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
OFFICE	NAME OF COMPLEX:		PHONE#
DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
OFFICE	NAME OF COMPLEX:		PHONE#
DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
OFFICE	NAME OF COMPLEX:		PHONE#
DATES	COMPLETE STREET ADDRESS		
FROM			
TO	CITY	STATE	ZIP
OFFICE	NAME OF COMPLEX:		PHONE#

DRIVING RECORD

Do you have a valid driver's license in more than 1 state? Yes _____ No _____

If yes, please list states: _____

Have you ever been denied a driver's license for any reason? Yes ___ No _____

If yes, explain: _____

How many moving citations have you received in the past 5 years? _____

Have you ever had your vehicle insurance revoked due to the number of traffic citations or been placed as an assigned risk for vehicle insurance for any reason: Yes

_____ No _____. If yes, please explain: _____

Have you ever had your driver's license placed on probation, suspended or revoked for excessive traffic violations or any other reason? Yes__ No___. If yes, explain: __

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked? Yes _____ No _____.

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance? Yes_____ No _____
Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes_____ No_____
If yes, to either of the above questions please explain: _____

Within the last 3 years have you operated a motor vehicle without have proper insurance? Yes_____ No_____

Have you ever been involved in an accident & then left the scene without identifying yourself? Yes_____ No _____

DRIVING RECORD CONTINUED

List all accidents that you have been involved in as a driver

DATE	LOCATION	BRIEF DESCRIPTION

List to the best of your memory all driving and/or summons you have received

DATE RECEIVED	TYPE OF VIOLATION	ISSUING AGENCY	DISPOSITION

Explain: _____

Give a one page synopsis of why you feel that you would be an asset to the Moorcroft Police Department & the Moorcroft Community

Copy of Valid Driver's License

Copy of Social Security Card

I hereby certify 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 application, or if hired, termination of my employment.

Dated this _____ day of _____, 20_____.

Applicant's Signature

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 a 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 Town of Moorcroft, Wyoming, its officials, officers, employees, legal counsel, agents or representatives 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 application for employment as a Police Officer with the Police Department for the Town of Moorcroft, Wyoming, whose address is 104 N. Big Horn, P.O. Box 70, Moorcroft, Wyoming, 82721 and telephone number is (307) 756-3301. My employment history is relevant to my suitability for employment with the Moorcroft Police Department. To this end, I hereby authorize _____, and his/her/its officers, employees, agents and representatives (hereinafter collectively referred to as "you" and "your") to release to the Chief of Police of the Moorcroft Police Department or his agent or representative copies of any and all documents, reports, notices, notes, statements, evaluations, disciplinary actions or other items contained within my personnel file maintained by you, whether written, video taped or audio taped. The Moorcroft Police Department will 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 Moorcroft Police Department or his agent or representative regarding your knowledge of me and regarding all aspects of my employment history with you; including without limitation, my term of employment, my salary, my work performance, my disciplinary 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 to my employment and generally whatever else the Chief of Police or his agent or representatives 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 authorization 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 extend to all persons responding hereto and their employers, including governmental employers.

Dated this _____ day of _____, 200__.

_____ (signed)

_____ (printed)

STATE OF _____)
: ss
COUNTY OF _____)

Acknowledged before me this _____ day of _____, 200__

by _____.

_____ (signature)

Subscribed and sworn to before me this _____ day of _____,
20__.

Notary Public

My Commission Expires: _____

BENEFITS:

Starting Pay: \$39,520/year (for un-certified Officers)
\$41,600/year (for certified Officers)

\$1000.00 Relocation Assistance available.

4 hours of paid sick leave per pay period (approx. 104 hrs per year)

8 hours of paid personal leave earned per quarter (4 days per year)

10 days of paid vacation earned after 1 year of probationary employment.

Health and Dental Coverage: Blue Cross/Blue Shield (full single or family coverage paid by town)

Vision Coverage – VSP (also paid by town)

Retirement: Wyoming State Law Enforcement Retirement. Town pays full benefit amount.

Take home patrol vehicle

Uniforms provided by the Department

(Upon approval by Chief of Police, Officer may carry own duty weapon, or they will be provided one provided by the Department)

TESTING and EVALUATION

As part of the hiring process, the Moorcroft Police Department will conduct some pre-employment screening to evaluate potential officers candidates.

This screening will consist of the following for Certified Candidates:

1. Verify Citizenship of the United States
2. Verify that you are at least 18 years of Age
3. Background criminal check done by the Wyoming Department of Criminal Investigation and the FBI.
4. Physical Examination by a physician
5. Psychiatric evaluation
6. Drug and Alcohol Screening
7. Check of Personal References
8. Check of Employment History
9. Check of School Records
10. Check of Military Records
11. Check of Driving Record
12. Present Employer Reference
13. Interview of Spouse (if applicable)
14. Credit History check
15. Check of WY P.O.S.T. records (if applicable)

Candidate may be required to attend a two week Academy refresher if not WYOMING P.O.S.T certified.