

## *Law Enforcement Code of Ethics*

As a Law Enforcement Officer, my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all men to liberty, equality and justice.

I will keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided in me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, animosities or friendships to influence my decisions. With no compromise for crime and the relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear of favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession...law enforcement

## **Minimum Standards for Appointment**

Every applicant for appointment as a Deputy or a Detention Officer within the state of Wyoming shall satisfy the following requirements before being appointed.

1. Be a United States Citizen
2. Be an adult
3. Submit to fingerprinting and a search of local, state and national fingerprint files to determine whether the applicant has a criminal record.
4. Not have been convicted of any Felony crime.
5. High school diploma or equivalent, (proof required).
6. Be of good moral character. The hiring agency shall complete a background investigation.
7. Free of any physical, emotional or mental conditions which might adversely affect the applicant's performance as Deputy or Detention Officer.
8. Successfully pass an oral interview by the hiring agency.
9. Subject to background investigation to include
  - A. current drug and alcohol abuse
  - B. personal references
  - C. employment history
  - D. school records
  - E. military records
  - F. driving record
  - G. present employer reference check
  - H. Credit History
10. Successfully complete the Wyoming Law Enforcement Academy .

## 1. 1-minute Sit-up Test

This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The score is calculated by the number of bent leg sit-ups performed in 1 minute.

The individual starts by lying on his/her back, knees bent and heels flat on the floor with the hands cupped behind the ears. A partner will hold the feet down firmly. When coming up, the individual will touch elbows to knees, and then return back down until the shoulder blades touch the floor. Avoid pulling on the head with the hands when coming up, and the buttocks must remain on the floor with no thrusting upwards of the hips. Any resting should be done in the up position.

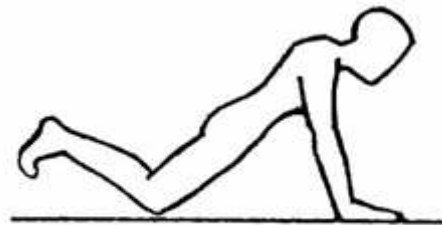
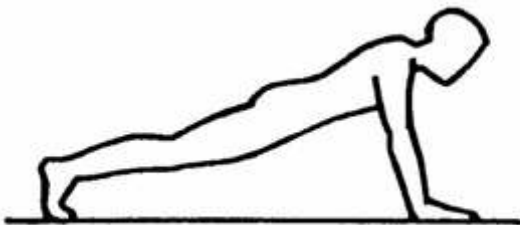


## 1-minute Push-up Test

This test requires the person to push their own weight off the floor and is used to evaluate upper body endurance strength. Low levels of muscular endurance indicate inefficiency in movement and a low capacity to perform work. The score is calculated by the number of push-ups performed in 1 minute.

The hands are placed slightly wider than shoulder width apart, with the palms flat and fingers pointed forward. A 3 inch rolled towel is placed on the floor right below the center of the individual's sternum. Starting from the up position (elbows extended) and up on the toes, the individual must keep the back straight and lower body to the floor until the chest touches the towel, and then return to the up position. Resting is done only in the up position with no part of the body touching the ground except for the hands and feet (knees if female).

The modified push-up for females is performed on the hands and knees with the back straight and hands slightly in front of the shoulders starting in the up position.



**FEMALE PROTOCOL**

### 3. 12-minute Run

This is a timed run designed to measure the heart and vascular system's capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to 8 minimize the risk of cardiovascular problems. The score is calculated by the amount of distance covered within the allotted 12 minutes and 15 seconds (An extra 15 seconds is added to the allotted time for high altitude consideration).



#### **ALTERNATIVES TO RUN:**

With prior notice and approval, the Academy has one alternative to the 12-minute run: a VO2 assessment at the Academy prior to the first day of Basic. Requests for this alternative must be made in advance and marked on the Basic Application. However, due to staff involvement and time intensity the VO2 assessment must be based on a valid medical concern.

What are the standards?

- The actual performance requirement for each test is based upon norms from a national population sample.
- The required performance to pass each test is based upon gender and age. All students are required to meet the same percentile rank in terms of their respective age/gender group. While the levels required may vary, the levels of effort are equal.
- **ENTRY:** The entry standard can be attained by meeting one of the following requirements: (1) each student must meet the 40th percentile level in each category assessed or (2) accumulate a 50th percentile average of all categories assessed, with no less than the 25th percentile level in any category. Should a student fail to attain the required level of fitness during the entry assessment he/she will not be eligible to attend that Basic Course.
- **CONDITIONAL ENTRY:** If the entering student is within 10 percentile of the standard, an opportunity will be given to reach the required Entry Standard by a predetermined date. Should the Entry Standard not be met by that date, the student will not be allowed to continue with the Basic Course.
- **PHYSICAL TRAINING:** Students are required to actively participate in the structured physical training program which is a part of the mandated curricula of the Peace Officer and Detention Officer Basic Courses.

- **RECOMMENDED LEVEL OF FITNESS:** Although the Academy does not require our students to be at a certain level of fitness to graduate, we recommend that anyone employed as a law enforcement or detention officer be at least in the 50th percentile in each category of physical fitness.
- **FIT FOR DUTY PIN:** Students may earn a "Fit for Duty" pin by achieving a 75th percentile average, with no category less than 50th percentile. The pin has been authorized to be worn on the uniform by a number of departments in the state. For those officers that attain a "Fit for Duty" pin, their basic certificate will include the notation, "...certifies that he/she earned a "Fit for Duty" pin by exceeding the recommended level of physical fitness for Law Enforcement officers."

Physical fitness performance requirements chart  
Entry Level (40th percentile)

50th percentile Entry Level - Female							
TEST/AGE	20-29	30-34	35-39	40-44	45-49	50-54	55-59
1 Minute Sit-up	35	27	24	22	19	17	12
1 Minute Push-up	26	21	18	15	14	13	10
12 Min. Run	1.29	1.25	1.21	1.17	1.13	1.1	1.06

50th percentile Entry Level - Male							
TEST/AGE	20-29	30-34	35-39	40-44	45-49	50-54	55-59
1 Minute Sit-up	40	36	33	31	28	26	23
1 Minute Push-up	33	27	24	21	18	15	15
12 Min. Run	1.5	1.45	1.41	1.37	1.33	1.29	1.24

## **CONDITIONS OF CONSIDERATIONS FOR APPOINTMENT**

**I understand an appointment offer is contingent upon successful completion of a pre- appointment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol, will not be appointed by the Sheriff. I further understand that any condition, which may preclude my ability to perform essential functions of the job and such condition can not be reasonably accommodated, will disqualify me from consideration for appointment in the job for which I was examined. I also authorize the Weston County Sheriff's Office to conduct future examinations and work-related reviews by a physician and agree to follow any consequent prescribed work restriction, activities and/or treatment.**

**I understand that appointment with the Weston County Sheriffs Office is also contingent upon successful completions of a background investigation, a physical examination, psychological examination, and satisfactory completion of the Wyoming Law Enforcement Academy within the first year of full-time appointment for Deputy position, two years for a Detention Officer position.**

**I understand that appointment with the Weston County Sheriff's Office is "at will", meaning that it may be terminated at any time by either party.**

**I understand that specific positions at the Weston County Sheriff's Office may require me to provide evidence of an acceptable driving record, proof of identity, relevant credentials and authorization for employment in the United States..**

**I understand all conditions of appointment including but not limited to hours; benefits and salary are subject to change by the Weston County Sheriff's Office at any time.**

**If appointed, I agree to abide by all policies, regulations and guidelines established by the Weston County Sheriff's Office.**

**I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatement, and falsifications will cause forfeiture on my part of all eligibility to any appointment with the Weston County Sheriff's Office. In addition, I give the Weston County Sheriff s Office the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Weston County Sheriffs Office in providing relevant, job related information that will assist in this process. My signature below acknowledges my understanding and agreement with the above.**

**Signature\_\_\_\_\_Date\_\_\_\_\_**



**WESTON COUNTY SHERIFF'S OFFICE**

***Bryan Colvard, Sheriff***

25 No. Sumner, Newcastle, WY 82701  
Phone (307) 746 4441 Fax (307) 746 3404  
Detention Fax (307) 746-9509

**RELEASE OF INFORMATION**

(Notary Signature Required)

To Whom It May Concern:

I hereby authorize the Weston County Sheriff's Office to obtain information from your files or other sources pertaining to my personal background including, but not limited to : academic; athletic; achievement; attendance; personal history; employment files, disciplinary action; consumer credit history; criminal history; current criminal investigation files or any other records you may have regarding me. I hereby direct you to release such information upon the request of the Weston County Sheriff's Office. This release is executed with the full knowledge and understanding that the information is for official use of the Weston County Sheriff's Office. Consent is granted for the use of the Weston County Sheriff's Office to furnish such information as is described above, to third parties in the course of the Weston County Sheriff's Office fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below:

**PRINT FULL NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Subscribed and sworn in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, **20** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

Seal

\_\_\_\_\_  
**Notary Public** (print)

\_\_\_\_\_  
**Signature**

# WESTON COUNTY SHERIFF'S OFFICE

## Employment Application

We are an Equal Opportunity/Reasonable Accommodation Employer.

The County of Weston Promotes a Drug and Alcohol Free Workplace

Your signed application can only be accepted in hard copy form, Please mail or bring your completed application to:  
 Weston County Sheriff's Office  
 25 N. Sumner, Newcastle, Wy 82701  
 (307) 746-4441 (307) 746-3404 (Fax)

Do not change the format or layout of this form.  
 Print neatly in ink or type.  
 Complete and include all supplemental forms.

Read all information/disclaimer on this application.  
 Sign this application and all other forms.  
 If you have any questions or problem, please request assistance.

<b>Position Desired:</b>			
<b>Position Applied For:</b>			
<b>Job Posting No:</b>		<b>Salary Requirements:</b>	
<b>Please check the shift(s) you are interested in.</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Rotation (all shifts)
	<input type="checkbox"/> Nights	<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekends
<b>Personal Data</b>			
Name:			
Social Security Number:			
Address:			
City:		State:	Zip Code:
Phone	Home:	Office:	Message:
Are you a U.S.A. citizen or legally registered alien? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give age: _____			
Have you ever worked or volunteered for the Weston County Sheriff's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list dates:			
Do you have any relatives employed by the Weston County Sheriff's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain:			
Driver's license Number and State:		Class:	Expiration Date:
Commercial Driver's license number and State:		Class:	Expiration Date:
Please list other names you have used:			
Have you ever been discharged, requested or forced to resign from any position for misconduct or unsatisfactory service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain:			
Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged? "Crime" means all felonies, misdemeanors and serious driving offenses (e.g. DWUI and reckless driving), but does not include minor traffic offenses. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "yes", please list offense(s) for which convicted, date of conviction and jurisdiction. Indicate if expunged or set aside and list date(s).			
(Prior conviction will not automatically bar an applicant from employment with Weston County.)			



**WESTON COUNTY SHERIFF'S OFFICE**  
**Employment Application**

We are an Equal Opportunity/Reasonable Accommodation Employer.

<b>Education</b>				
Education: Indicate highest grade completed		Grade School:(1-8)	High School: (9-12)	
Did you graduate from High School or do you have a G.E.D.? _____ Yes _____ No			High School G.P.A.:	
Name of School, College(s) or University	Major	Credit Hours	Degree and Year	G.P.A.
* Proof of degrees from High School/College/University obtained will be required upon hire.				
Name of Trade/Technical/Business or other School(s) attended		Course Study	Diploma and Year	
List License (date and number), professional registrations (date), certifications and professional memberships:				
List Honors, Awards, Fellowships:				
<b>Skills Overview</b>				
Approximate typing speed in words per minute:				
List computer software with which you are familiar:				
Fluent in a language other than English:	Language(s):	Speak:	Read:	Write:
Please summarize relevant skills and experience that exemplify your qualifications for the above position:				
Summarize Community Service work (paid or volunteer) including dates:				
Summarize Leadership roles:				

# WESTON COUNTY SHERIFF'S OFFICE

## Employment Application

We are an Equal Opportunity/Reasonable Accommodation Employer.

<b>Employment History</b>			
Current or most recent employer:			Phone number:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates:	From:	To:	
Supervisor's name/title:			
Starting Salary:		Present/Ending Salary:	Hours worked per week:
Worked Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? _____ Yes _____ No			

<b>Employment History</b>			
Current or most recent employer:			Phone number:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates:	From:	To:	
Supervisor's name/title:			
Starting Salary:		Present/Ending Salary:	Hours worked per week:
Worked Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? _____ Yes _____ No			

<b>Employment History</b>			
Current or most recent employer:			Phone number:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates:	From:	To:	
Supervisor's name/title:			
Starting Salary:		Present/Ending Salary:	Hours worked per week:
Worked Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? _____ Yes _____ No			

**WESTON COUNTY SHERIFF'S OFFICE**  
**Employment Application**

We are an Equal Opportunity/Reasonable Accommodation Employer.

**To All Applicants – Equal Employment Opportunity Survey**

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1. **White:** Includes persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the East Indian Subcontinents.
2. **Black:** Includes persons having origins in any of the Black racial groups.
3. **Hispanic:** Includes persons if Mexico, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
4. **American Indian or Alaskan Native:** Includes persons having origin in any of the original peoples of North Americas.
5. **Asian or Pacific Islander:** Includes persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands (China, Japan Korea, Samoa, etc.)
6. **Disabled:** Anyone who has a physical or mental impairment, which substantially limits one or more major activities or has a record of such impairment or is regarded as having such impairment.

**Employment Application**

We are an Equal Opportunity/Reasonable Accommodation Employer.

**To All Applicants – Equal Employment Opportunity Survey**

Instructions: Please print clearly in each category below.

Last Name:		First Name:		Middle Initial:
Social Security Number:		Phone Number:		
Address:				
City:		State:	Zip Code:	
Position Applied For:			Job Posting Number:	

*The following information is being collected by the Weston County Sheriff's Office Human Resource Systems Office for research and federal equal opportunity requirements only. Your responses are strictly voluntary and will help in monitoring our affirmative action efforts. If you choose not to answer any of the questions, you will not be subject to any adverse effects. However, we urge you to do so and assure you that this form is confidential. It will be separated from your application prior to referral to any Weston County Sheriff's Office Hiring/appointment program.*

Indicate your choice of responses for items A-F by placing an X next to the appropriate response. If you do not wish to answer the item, please mark "No Response Box".

**A. Ethnic Category:** Check only one

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> White (WH)           | <input type="checkbox"/> Black (BL)  |
| <input type="checkbox"/> Hispanic (HI)        | <input type="checkbox"/> Asian (AS)  |
| <input type="checkbox"/> American Indian (AI) | <input type="checkbox"/> No Response |

**B. Sex:**

- |                               |                                 |                                      |
|-------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> No Response |
|-------------------------------|---------------------------------|--------------------------------------|

**C. Age Group:**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Under 20 (19) | <input type="checkbox"/> 20-29 (20) |
| <input type="checkbox"/> 30-39 (30)    | <input type="checkbox"/> 40-49 (40) |
| <input type="checkbox"/> 50-59 (50)    | <input type="checkbox"/> 60-69 (60) |
| <input type="checkbox"/> No Response   |                                     |

**D. Veteran Status:**

- |  |  |
|--|--|
| <input type="checkbox"/> I am a Veteran of the United States Armed Forces, honorably separated following more than 180 days of active duty. Excluding training and reserve duty. | <input type="checkbox"/> I am not a Veteran  |
| <input type="checkbox"/> I am a spouse of a permanently disabled Veteran.  | <input type="checkbox"/> I am a spouse of an active duty Armed Forces member who is missing in action. |
| <input type="checkbox"/> No Response   |  |

**E. Are you disabled?**

- |                              |                             |                                      |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Response |
|------------------------------|-----------------------------|--------------------------------------|

**F. How did you learn of this position?**

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Walk In                         | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Wyoming Employment Service |
| <input type="checkbox"/> County Employee                 | <input type="checkbox"/> Friend    | <input type="checkbox"/> Internet site              |
| <input type="checkbox"/> Wyoming Law Enforcement Academy | <input type="checkbox"/> Other     |   |
| <input type="checkbox"/> No Response                     |                                    |   |

Human Resource Systems Use Only  
Status: \_\_\_\_\_ Disposition: \_\_\_\_\_

Revised Friday, August 07, 2015

## **WESTON COUNTY SHERIFF'S OFFICE**

### **PERSONAL HISTORY FORM INSTRUCTIONS**

**The following instructions are furnished as a guide to assist you in filling out the Personal History form. This form, which you are required to fill out, must be complete and detailed in all respects. It is the basis for your background investigation, which will be conducted to determine your qualifications for the position of Deputy or /Detention Officer.**

**All questions must be answered completely and accurately. Avoid errors by reading the directions carefully before making any entries on the form. Make sure your information is correct and in proper sequence before you begin.**

**You are responsible for obtaining correct addresses. If you are not sure of an address, check it either by personal verification or by correspondence. Your local library may have a directory service or copies of all local telephone directories.**

**Whenever a report of an incident is required, be sure that you give all the facts pertaining to it. You must present the information in such a manner that any person unfamiliar with the situation will be provided with all the details and facts in the order in which they occur, the dates or times the events took place, and the names of persons or organizations involved.**

**The applicant will be required to submit to a psychological examination and physical examination, to include drug screen. These examinations will be conducted after a conditional offer of appointment.**

**Remember that every item will be checked and must be verified. An accurate and complete Personal History Form will help to expedite your appointment.**

**If there is not sufficient space on the form for you to include all the information required, it should be placed on the back of the sheet on which the question appears. If additional space is needed, place a sheet of 8.5 x 11" white paper in proper sequence and complete the information**

**When asked to supply copies of certificates, (i.e., diploma, DD Form 214, birth certificate or naturalization papers), please return a copy with this questionnaire and be prepared to provide a certified copy prior to employment.**

***Date Completed***

***To be typewritten, printed or  
handwritten legibly with ink.***

\_\_\_\_\_  
***Month Day Year***

**PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS**

Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add another page and identify additional information by item number.

**PERSONAL**

1. Your Name: (Print)

\_\_\_\_\_  
First

Middle

Last

Give any other names you have used or have been known by and attach a statement giving reasons. (If none, so state)

Aliases: \_\_\_\_\_

2. Your Address (print) \_\_\_\_\_

Number

Street

City

State

Zip Code

Your phone number: Home: \_\_\_\_\_

(Include area code)

Business: \_\_\_\_\_

Your social security number: \_\_\_\_\_

3. With whom do you reside? \_\_\_\_\_ Relationship? \_\_\_\_\_

4. When were you born? \_\_\_\_\_

Month

Day

Year

5. Where were you born? \_\_\_\_\_

City

State

County

6. Are you a citizen of the United States of America? ( ) Yes ( ) No

Please attach copy of birth certificate or naturalization papers.

7. What are your hobbies and special skills and abilities? \_\_\_\_\_

What languages can you speak fluently? \_\_\_\_\_

8. Give following information regarding marriage or marriages:

WHEN	WHERE	BY WHOM	SPUSE'S NAME

9. List below every child born to you:

NAME	DATE OF BIRTH	PLACE OF BIRTH	WITH WHOM AND WHERE RESIDES

10. Are you supporting all children born to you, adopted by you, and stepchildren? ( ) Yes ( ) No If not, give details: \_\_\_\_\_

**REFERENCES**

11. Fill in below the names of four (4) persons not related to you and not former employers who have known you closely for at least five (5) years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. List area codes and zip codes for all persons listed.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business, Occupation, Profession: \_\_\_\_\_ Years known: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business, Occupation, Profession: \_\_\_\_\_ Years known: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business, Occupation, Profession: \_\_\_\_\_ Years known: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business, Occupation, Profession: \_\_\_\_\_ Years known: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

12. Has any member of your immediate family ever been convicted of a felony offense? ( ) Yes ( ) No If yes, state below.

NAME	RELATION	OFFENSE	WHERE ARRESTED AND DATE

**FINANCIAL**

**CREDIT**

13. List firms with which you have, or have had, charge accounts. List borrowed money for any purpose.

Name of Firm: \_\_\_\_\_

Firm Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Amount: \_\_\_\_\_ Date Opened: \_\_\_\_\_ Date Closed: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Name of Firm: \_\_\_\_\_

Firm Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Amount: \_\_\_\_\_ Date Opened: \_\_\_\_\_ Date Closed: \_\_\_\_\_

Purpose: \_\_\_\_\_



Name of Firm: \_\_\_\_\_

Firm Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Amount: \_\_\_\_\_ Date Opened: \_\_\_\_\_ Date Closed: \_\_\_\_\_

Purpose: \_\_\_\_\_

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**14. HAVE YOU:**

- ( ) Yes ( ) No Ever had your wages attached?
- ( ) Yes ( ) No Ever had a judgment rendered against you?
- ( ) Yes ( ) No Ever been a defendant in a small claims or civil court action?
- ( ) Yes ( ) No Any immediate civil action pending against you?
- ( ) Yes ( ) No Ever filed bankruptcy or been declared bankrupt?
- ( ) Yes ( ) No Ever had your property repossessed?
- ( ) Yes ( ) No Ever had automobile or any type of insurance policy cancelled or refused?
- ( ) Yes ( ) No Ever been delinquent in you taxes?
- ( ) Yes ( ) No Ever had a bond refused?
- ( ) Yes ( ) No If employed by the Weston County Sheriff's Office, do you anticipate any income other than your salary? If so, what? \_\_\_\_\_

15. If the answers to any of the above questions are YES, please explain on the back of this form. Include dates, locations and other pertinent data.

**RESIDENCES**

16. List addresses since your 15<sup>th</sup> birthday or last 15 years (whichever is least) starting with present address at top:

FROM MO YR	TO MO YR	ADDRESS OF RESIDENCE	CITY/STATE	NAME AND ADDRESS OF LANDLORD

**WORK HISTORY**

17. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service? ( ) Yes ( ) NO

If yes, give details:

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18. Have your employers treated you fairly? ( ) Yes ( ) No

If not, explain why: \_\_\_\_\_

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19. Do you object to wearing a uniform: ( ) Yes ( ) No

20. Do you object to working nights and/or shift work? ( ) Yes ( ) No

21. Have you had experience with shift work? ( ) Yes ( ) No

List all jobs you have held since age 16. Put your most recent job first. If you need more space, you must attach additional sheets. Include military service in proper sequence and temporary part-time jobs.

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Street City/State Zip Code

Phone number: \_\_\_\_\_ Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Include area code

Title/Position: \_\_\_\_\_ Name/Title of your Supervisor: \_\_\_\_\_

Number Supervised: \_\_\_\_\_ Salary per month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Street City/State Zip Code

Phone number: \_\_\_\_\_ Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Include area code

Title/Position: \_\_\_\_\_ Name/Title of your Supervisor: \_\_\_\_\_

Number Supervised: \_\_\_\_\_ Salary per month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Street City/State Zip Code

Phone number: \_\_\_\_\_ Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Include area code

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Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Street City/State Zip Code

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Include area code

Title/Position: \_\_\_\_\_ Name/Title of your Supervisor: \_\_\_\_\_

Number Supervised: \_\_\_\_\_ Salary per month: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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If you are offered a position with this agency, when could you begin? \_\_\_\_\_

22. Are you an applicant for positions with any other law enforcement agency or company? ( ) Yes ( ) No

23. If you were ever placed on an eligibility list and were not hired, state why: \_\_\_\_\_

24. Were you ever rejected for any civil service position? ( ) Yes ( ) No If yes, explain why: \_\_\_\_\_

25. Have you previously submitted an application for employment with the Weston County Sheriff's Office?  
( ) Yes ( ) No

26. Have you ever received unemployment insurance? ( ) Yes ( ) No

27. In the space provided below, list your reasons for applying for this position: \_\_\_\_\_

**MILITARY**

28. Have you ever served in a military organization of the United States of America? ( ) Yes ( ) No

29. State branch of service: \_\_\_\_\_ Company: \_\_\_\_\_ Regiment: \_\_\_\_\_

Division: \_\_\_\_\_ Ship: \_\_\_\_\_

30. What was your service number: \_\_\_\_\_

31. Highest rank held: \_\_\_\_\_

32. How many periods of active military service have you had? \_\_\_\_\_

33. List all medals and decorations awarded you as a member of the Armed Forces:

34. Was discharge other than honorable? (If Yes Please explain) \_\_\_\_\_

(Attach copy of DD form 214 (report of separation) if applicable)

35. Give date and location of entrance of active duty: \_\_\_\_\_

36. Give date and location of discharge: \_\_\_\_\_

37. Give period(s) of active military service:

Form	To	From	To

38. Are you now or ever an active or inactive member of any branch of the United States Reserve Forces? ( ) Yes ( ) No  
State which ( ) Active ( ) Inactive

Branch: \_\_\_\_\_ Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment or any other disciplinary action while a member of the Armed Forces? ( ) Yes ( ) No  
If yes, explain:

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40. Are you now or were you ever a member of the National Guard? ( ) Yes ( ) No

State: \_\_\_\_\_ Regiment: \_\_\_\_\_ Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

41. List any disciplinary action taken against you in the National Guard or other reserve unit:

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42. Did you register for the draft? ( ) Yes ( ) No Where? \_\_\_\_\_

**EDUCATION**

43. Indicate below the schools you have attended and courses completed. If you cannot remember, indicate so. Do not trouble to write the school for information. Please attach copies of your high school diploma and/or any other certificates which might apply.

NAME OF SCHOOL CITY AND STATE	NUMBERS YEARS COMPLETED	WHEN ATTENDED	GRADUATED	PRINCIPAL
Grammar School:				
1				
2				
3				
Junior High:				
1				
2				
3				
High School:				
1				
2				
3				
College:				
1				
2				
3				

Extension, Graduate, Correspondence Courses: \_\_\_\_\_

44. Were you ever expelled or suspended from any school? ( ) Yes ( ) No

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

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45. If you have obtained a G.E.D. (General Education Development) high school level, indicate your standard scores. (Average must be at least 45 and no single standards score less than 35).

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**ARREST**

Answer all of the following questions completely and accurately. Any falsifications or miss-statements of fact may be sufficient to disqualify you. (Exclude traffic citations in this section. Those should be answered in question number 63.)

46. Have you ever been arrested or detained by police? Give details below

Crime charged: \_\_\_\_\_ Police agency: \_\_\_\_\_

Date: \_\_\_\_\_ Dispositions of case: \_\_\_\_\_

Crime charged: \_\_\_\_\_ Police agency: \_\_\_\_\_

Date: \_\_\_\_\_ Dispositions of case: \_\_\_\_\_

Crime charged: \_\_\_\_\_ Police agency: \_\_\_\_\_

Date: \_\_\_\_\_ Dispositions of case: \_\_\_\_\_

47. Have you ever been placed on probation ( ) Yes ( ) No.

48. Have you ever been involved in, or responsible for, a serious undetected crime? ( ) Yes ( ) No

Explain if yes: \_\_\_\_\_

49. Have you ever received first offender status or received deferred prosecution? ( ) Yes ( ) No

Explain on a separate sheet of paper if yes:

50. In the last 12 months, have you used any illegal substances (drugs)? ( ) Yes ( ) No

Explain on a separate sheet of paper if yes:

51. In the last (2) two years, have you used any illegal substances (drugs)? ( ) Yes ( ) No

Explain on a separate sheet of paper if yes:

52. During your lifetime, have you ever used any illegal substances (drugs)? ( ) Yes ( ) No Explain the drug(s) used, the circumstances under which they were used, and the date of last drug usage on a separate sheet of paper.)

53. Have you ever been required to pay a fine in excess of \$75.00? ( ) Yes ( ) No

Explain if yes: \_\_\_\_\_

54. Have you ever been reported as a missing person or as a runaway? ( ) Yes ( ) No

Explain if yes: \_\_\_\_\_

55. Have you ever been fingerprinted by a police agency other than for arrest? ( ) Yes ( ) No Explain if yes: (Your answers will be checked with F.B.I and other agencies.)

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

**DRIVING**

56. Can you operate a motor vehicle? ( ) Yes ( ) No

57. Do you possess a valid driver's license from the State of Wyoming? ( ) Yes ( ) No  
Operator's number: \_\_\_\_\_

58. Did you ever possess a driver's license issued by any other state other than Wyoming? ( ) Yes ( ) No  
Operator's number: \_\_\_\_\_

59. Was your license ever suspended or revoked? ( ) Yes ( ) No

Explain if yes: \_\_\_\_\_

60. Was your license ever restored? ( ) Yes ( ) No When? \_\_\_\_\_

61. Have you ever been refused a driver's license by any state? ( ) Yes ( ) No

Explain if yes: \_\_\_\_\_

62. List all accidents you have been involved in where damage exceeded \$1,000.00.

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Cause of accident: \_\_\_\_\_

Police investigation? ( ) Yes ( ) No Who was legally at fault? \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Cause of accident: \_\_\_\_\_

Police investigation? ( ) Yes ( ) No Who was legally at fault? \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Cause of accident: \_\_\_\_\_

Police investigation? ( ) Yes ( ) No Who was legally at fault? \_\_\_\_\_

63. List below all traffic citations you have received: (Except for overtime parking)

Date: \_\_\_\_\_ Where: \_\_\_\_\_ Citation for: \_\_\_\_\_

Date: \_\_\_\_\_ Where: \_\_\_\_\_ Citation for: \_\_\_\_\_

Date: \_\_\_\_\_ Where: \_\_\_\_\_ Citation for: \_\_\_\_\_

Date: \_\_\_\_\_ Where: \_\_\_\_\_ Citation for: \_\_\_\_\_

Date: \_\_\_\_\_ Where: \_\_\_\_\_ Citation for: \_\_\_\_\_

Date: \_\_\_\_\_ Where: \_\_\_\_\_ Citation for: \_\_\_\_\_

64. Do you type? ( ) Yes ( ) No How many words per minute? \_\_\_\_\_

65. If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so?  
( ) Yes ( ) No

Explain if yes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that any appointment tendered me will be contingent upon the results of a thorough character and fitness investigation, and I am aware any false statement made on this questionnaire will cause my name to be removed from the eligible list or be cause for immediate dismissal if any appointment was made.

\_\_\_\_\_  
Signature in full

\_\_\_\_\_  
Date completed