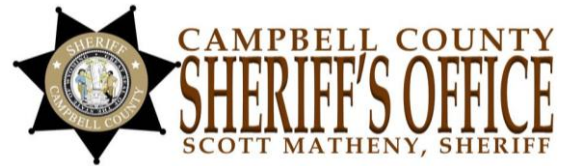


TODAY'S DATE: _____

POSITION APPLYING FOR: _____



APPLICATION FOR EMPLOYMENT

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon unrelated job information.

PERSONAL INFORMATION

Name: _____ (_____) _____
First Middle Last Daytime Phone Number

Other Names Used (if any): _____ (_____) _____
Alternate Phone Number

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Are you 18 years of age or older? Yes No

Are you 21 years of age or older? Yes No (Detention Officer and Deputy Sheriff Applicants ONLY)

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No

Do you qualify for veteran hiring preferences - Wyoming State Statute 19-14-102(c)? Yes No

Do you have a valid driver's license? (Driving Jobs ONLY) Yes No

EDUCATIONAL BACKGROUND

High School or Equivalent: _____ City: _____ State: _____

Diploma: Yes No Job-Related Subjects Studied: _____

College or University: _____ City: _____ State: _____

Did you graduate: Yes No Degree: _____ Major/Minor: _____

Vocation or Technical: _____ City: _____ State: _____

Did you graduate: Yes No Degree: _____ Subjects Studied: _____

Are you currently a P.O.S.T. Certified Peace Officer, Detention Officer or Dispatcher? Yes No If yes, are your certified in Wyoming? Yes No

EQUAL OPPORTUNITY EMPLOYER

The Campbell County Sheriff's Office does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

EMPLOYMENT HISTORY

List your employment history starting with your last or present employer. All employment for the last ten years must be listed. Your present employer will be contacted during your background investigation.

Name of Employer: _____ Daytime Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From: _____ To: _____ Reason for Leaving: _____

Name of Employer: _____ Daytime Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From: _____ To: _____ Reason for Leaving: _____

Name of Employer: _____ Daytime Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From: _____ To: _____ Reason for Leaving: _____

Name of Employer: _____ Daytime Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates of Employment From: _____ To: _____ Reason for Leaving: _____

PLEASE READ EACH STATEMENT 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 for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations 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 physical examination, polygraph and psychological assessment. 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 exam. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment if required. **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE BOARD OF COMMISSIONERS HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CHAIRMAN AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.** I have read, understand, and by my signature consent to these statements.



Applicant's Signature: _____ Date: _____