

PLATTE COUNTY SHERIFF'S OFFICE

SHERIFF- DAVID RUSSELL
UNDERSHERIFF- WARD MCCONAHAY
CAPTAIN- WILLIAM KIRLIN



850 Maple St.
WHEATLAND, WY 82201
(307)322-2331
pcso@plattecountyywoming.com

APPLICATION FOR EMPLOYMENT

We Consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:

☐ Detention ☐ Dispatch ☐ Secretary ☐ Nurse
☐ Control ☐ Patrol ☐ Kitchen

How Did You Learn About Us?

☐ Advertisement ☐ Relative ☐ Inquiry
☐ Employment Agency ☐ Friend ☐ Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		
E-mail address - _____					

Best Time to contact you at home is: :..... AM-PM

Have you ever filed an application with us before?..... ☐ Yes ☐ No
If Yes, give date _____

Have you ever been employed with us before?..... ☐ Yes ☐ No
If Yes, give date _____

Do any of your friends or relatives, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you at least 21 years of age?..... ☐ Yes ☐ No

Do you hold a High School Diploma or evidence of an equivalent achievement? ☐ Yes ☐ No

Are you a United States Citizen?[☐ Yes [☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment.....[☐ Yes [☐ No

Have you ever been convicted of a felony?[☐ Yes [☐ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you currently on "lay-off" status and subject to recall?[☐ Yes [☐ No

Do you have a Valid Driver's License?[☐ Yes [☐ No
What is your Drivers License Number and State in which it's from? _____

Have you ever had any Traffic Violations as in Driving Under Influence,
Reckless Driving, Driving Under Suspension?[☐ Yes [☐ No
If Yes, when? _____

Can you travel if a job requires it?[☐ Yes [☐ No

Are you able and willing to work rotating shifts, weekends and holidays?[☐ Yes [☐ No

Are you willing to work overtime-even mandatory overtime if needed?[☐ Yes [☐ No

Will you be able to work on a 24 hour call out emergency?[☐ Yes [☐ No

Are you able to work in a Tobacco-free workplace where it is prohibited to use tobacco
products devices inside the facility?[☐ Yes [☐ No

Are you willing to work, "locked inside" a facility, unarmed and at times
in direct contact with inmates[☐ Yes [☐ No

We work in a stressful environment. Can you handle verbal, and or physical abuse?
As in intoxicated, angry or unruly inmates/citizens?.....[☐ Yes [☐ No

Have you or are you presently serving in the Military, Reserve, or National Guard?[☐ Yes [☐ No
If Yes, What, When, Dates _____

Do you have a DD214? (Military Discharge).....[☐ Yes [☐ No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I have also read the job description and am fully capable of performing all duties required.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations or the employer.

Signature of Applicant

Date

PERSONAL HISTORY STATEMENT

INSTRUCTIONS TO THE APPLICANT

The information in this Personal History Statement will be used in the investigation into your background and will assist in determining your suitability for the position of Law Enforcement Officer. The Personal History Statement must be complete and accurate.

1. **All information and statements are subject to verification.**
2. **Deliberate inaccuracies or omissions may bar or remove you from employment.**
3. **All time periods must be accounted for on the Personal History Statement.**

You should respond openly. Any negative factors in your background shall be evaluated in terms of the circumstances and facts surrounding the occurrence and the degree of relevance on the position of Law Enforcement Officer.

All information on the Personal History Statement should be printed in **black ink** or **typed**. If a question does not apply to you, write N/A (not applicable) in the space provided. If you need additional space to respond to a question, use the Additional Responses page and identify the additional information by category.

You are responsible for obtaining correct addresses and phone numbers. When listing addresses, include all of the following: full-street address, apartment number (if applicable), city, state and zip code. Include the area code with all telephone numbers.

All applications must be returned with copies of the following documents: Birth Certificate. Social Security Number/Card. Driver's License. High School Diploma. College Diploma. DD214

[illegible]

2. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST FIVE (5) YEARS.

1. NAME (LAST, FIRST, MIDDLE INITIAL):		LENGTH OF RELATIONSHIP:	NATURE OF RELATIONSHIP:
ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	HOME PHONE:	BUSINESS PHONE:	OCCUPATION:
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
2. NAME (LAST, FIRST, MIDDLE INITIAL):		LENGTH OF RELATIONSHIP:	NATURE OF RELATIONSHIP:
ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	HOME PHONE:	BUSINESS PHONE:	OCCUPATION:
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
3. NAME (LAST, FIRST, MIDDLE INITIAL):		LENGTH OF RELATIONSHIP:	NATURE OF RELATIONSHIP:
ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	HOME PHONE:	BUSINESS PHONE:	OCCUPATION:
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

3. EDUCATION

A. INDICATE BY CHECKING THE BOXES BELOW IF YOU HAVE ANY OF THE FOLLOWING:

☐ HIGH SCHOOL DIPLOMA ☐ G.E.D. CERTIFICATE ☐ COLLEGE DEGREE

B. LIST ALL HIGH SCHOOLS, COLLEGES, TRADE SCHOOLS AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER

DATES	NAME	ADDRESS	DIPLOMA OR CREDIT HRS.

C. HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY HIGH SCHOOL OR INSTITUTION OF HIGHER LEARNING.....? ☐ YES ☐ NO
IF YES, EXPLAIN ON ADDITIONAL RESPONSES PAGE.

4. AVAILABILITY

A. WHAT IS THE EARLIEST DATE YOU WOULD BE AVAILABLE FOR EMPLOYMENT?

B. HOW MUCH NOTICE DO YOU NEED PRIOR TO EMPLOYMENT?

5. EMPLOYMENT HISTORY

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT.....? ☐ YES ☐ NO
IF YES, EXPLAIN ON ADDITIONAL RESPONSES PAGE.

B. MAY AN INVESTIGATING AGENCY CONTACT YOUR PRESENT EMPLOYER.....? ☐ YES ☐ NO
IF NO, EXPLAIN ON ADDITIONAL RESPONSES PAGE.

EMPLOYMENT:

C. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN (10) YEAR PERIOD, OMIT NOTHING. KEEP IN PROPER SEQUENCE. LIST PERIODS OF SCHOOL, MILITARY SERVICE, UNEMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYEMENT. IF YOU NEED MORE ROOM, USE THE ADDITIONAL RESPONSES PAGE OR A SEPARATE SHEET OF PAPER.

1. DATES OF EMPLOYMENT: FROM: TO:		JOB TITLE:
NAME OF BUSINESS:		SUPERVISOR:
ADDRESS	CITY STATE ZIP CODE	COWORKER:

PHONE:		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
2. DATES OF EMPLOYMENT: FROM: TO:		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS	CITY	STATE	ZIP CODE
		COWORKER:	
PHONE:		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
3. DATES OF EMPLOYMENT: FROM: TO:		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS	CITY	STATE	ZIP CODE
		COWORKER:	
PHONE:		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
4. DATES OF EMPLOYMENT : FROM: TO:		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS	CITY	STATE	ZIP CODE
		COWORKER:	
PHONE:		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			

5. DATES OF EMPLOYMENT : FROM: _____ TO: _____		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____	COWORKER:	
PHONE: _____		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
6. DATES OF EMPLOYMENT : FROM: _____ TO: _____		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____	COWORKER:	
PHONE: _____		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
7. DATES OF EMPLOYMENT : FROM: _____ TO: _____		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____	COWORKER:	
PHONE: _____		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			
8. DATES OF EMPLOYMENT : FROM: _____ TO: _____		JOB TITLE:	
NAME OF BUSINESS:		SUPERVISOR:	
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____	COWORKER:	
PHONE: _____		STARTING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES:			
REASON FOR LEAVING:			

D. HAVE YOU EVER APPLIED FOR ANY POSITION WITH ANY LAW ENFORCEMENT AGENCY.....? ☐ YES ☐ NO
IF YES, COMPLETE BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

DATE	POSITION	LAW ENFORCEMENT AGENCY	DISPOSITION

E. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY.....? ☐ YES ☐ NO

WERE YOU CERTIFIED.....? ☐ YES ☐ NO

IF YES, COMPLETE BELOW.

NAME OF ACADEMY ATTENDED:	DATES ATTENDED:

6. LEGAL HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES AS BOTH A JUVENILE AND AN ADULT. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. EXPLAIN ALL "YES" ANSWERS IN DETAIL ON THE ADDITIONAL RESPONSES PAGE.

A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICER IN AN OFFICIAL CAPACITY...? ☐ YES ☐ NO

B. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL.....? ☐ YES ☐ NO

C. HAVE YOU EVER BEEN ACCUSED OF A CRIME.....? ☐ YES ☐ NO

D. HAVE YOU EVER BEEN CHARGED WITH A CRIME.....? ☐ YES ☐ NO

E. HAVE YOU EVER BEEN ARRESTED.....? ☐ YES ☐ NO

F. HAVE YOU EVER BEEN CONVICTED OF A CRIME.....? ☐ YES ☐ NO

G. HAVE YOU EVER BEEN BOOKED INTO JAIL.....? ☐ YES ☐ NO

H. HAVE YOU EVER RECEIVED A CRIMINAL CITATION.....? ☐ YES ☐ NO

I. HAVE ANY MEMBERS OF YOUR IMMEDIATE FAMILY EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON.....? ☐ YES ☐ NO

J. HAS LAW ENFORCEMENT EVER BEEN CALLED TO YOUR HOME FOR ANY REASON.....? ☐ YES ☐ NO

K. HAVE YOU EVER BEEN SERVED WITH A PROTECTION/RESTRAINING ORDER.....? ☐ YES ☐ NO

L. IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE ADDITIONAL RESPONSES PAGE. ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.

SECTION # (A-K)	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY/CITY/STATE	DISPOSITION/SENTENCE

7. DRIVING HISTORY

A. HAVE YOU EVER HAD A DRIVER'S LICENSE OR YOUR DRIVING PRIVILEGES CANCELED, REFUSED, REVOKED, OR SUSPENDED.....? ☐ YES ☐ NO

IF YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE INCLUDING REASON FOR THE ACTION AND DATES.

B. LIST ALL VALID DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD:

ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

C. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL.....? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE BELOW									
WHEN DID YOU ATTEND THE SCHOOL?	WHERE DID YOU ATTEND THE SCHOOL?	WHY DID YOU ATTEND THE SCHOOL?							
D. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE RECEIVED WITHIN THE LAST SEVEN (7) YEARS. LIST THE OFFENSES IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.									
MONTH/YEAR	CHARGE	CITY OR STATE	DISPOSITION/RESULT						
IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.									
E. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.....? <input type="checkbox"/> YES <input type="checkbox"/> NO									
F. HAVE YOU EVER BEEN INVOLVED WITH CARELESS OR WRECKLESS DRIVING.....? <input type="checkbox"/> YES <input type="checkbox"/> NO									
G. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT THAT WAS YOUR FAULT.....? <input type="checkbox"/> YES <input type="checkbox"/> NO									
8. GAMBLING									
IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.									
A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS.....? <input type="checkbox"/> YES <input type="checkbox"/> NO									
B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE.....? <input type="checkbox"/> YES <input type="checkbox"/> NO									
C. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS.....? <input type="checkbox"/> YES <input type="checkbox"/> NO									
9. NARCOTICS									
A. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DRUG WITHOUT A DOCTOR'S PRESCRIPTION.....? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON ADDITIONAL RESPONSES PAGE.									
B. IF YOU HAVE TRIED, USED, OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. INCLUDE THE NUMBER OF TIMES USED AND DATES.									
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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MARIJUANA	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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INHALANTS	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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THAI STICKS	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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()	()	_____							
BARBITURATES	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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()	()	_____							
AMPHETAMINES (Speed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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HASHISH	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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()	()	_____							
METHAMPHETAMINES	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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HEROIN	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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OPIUM	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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INJECTABLE STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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ORAL STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
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()	()	_____							
HALLUCINOGENIC SUBSTANCES (LSD, PCP, Mescaline, Mushrooms, Ecstasy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TOTAL # TIMES USED</th> <th style="text-align: left;"># TIMES USED SINCE 21ST BDAY</th> <th style="text-align: left;">DATE OF LAST USE</th> </tr> <tr> <td>()</td> <td>()</td> <td>_____</td> </tr> </table>	TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE	()	()	_____
TOTAL # TIMES USED	# TIMES USED SINCE 21 ST BDAY	DATE OF LAST USE							
()	()	_____							
C. IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE. YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.									
D. IF YOU HAVE EVER PURCHASED, SOLD, OR HAD IN YOUR POSSESSION ANY OF THE DRUGS LISTED ABOVE IN SECTION (B), EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.									

10. ORGANIZATION MEMBERSHIP

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

- A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF WYOMING.....? ☐ YES ☐ NO
- B. ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS.....? ☐ YES ☐ NO
- C. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATIONS AS A PROTEST MEASURE.....? ☐ YES ☐ NO

11. MILITARY STATUS

- A. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION.....? ☐ YES ☐ NO
- IF YES, LIST EACH SERVICE PERIOD SEPARATELY BELOW.

MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

B. LIST ALL MILITARY SERVICE NUMBERS:

C. SELECTIVE SERVICE NUMBER: CURRENT MILITARY STATUS:

D. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY.....? ☐ YES ☐ NO

IF YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

E. ARE YOU CURRENTLY IN THE MILITARY.....? ☐ YES ☐ NO

IF YES, COMPLETE BELOW.

F. CURRENT UNIT'S NAME:	IMMEDIATE COMMANDER:	ADDRESS, CITY, STATE, ZIP:	PHONE:
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12. FINANCIAL HISTORY

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

- A. HAVE YOU EVER DECLARED BANKRUPTCY.....? ☐ YES ☐ NO
- B. HAVE ANY OF YOUR BILLS BEEN TURNED OVER TO A COLLECTION AGENCY.....? ☐ YES ☐ NO
- C. HAVE YOU EVER PURCHASED GOODS THAT WERE LATER REPOSSESSED.....? ☐ YES ☐ NO
- D. HAVE YOUR WAGES EVER BEEN GARNISHED.....? ☐ YES ☐ NO
- E. HAVE YOU EVER BEEN DELINQUENT ON ANY INCOME OR STATE TAXES.....? ☐ YES ☐ NO
- F. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION.....? ☐ YES ☐ NO

IF YES, WHAT IS THE SOURCE OF THE INCOME: _____

WHAT IS THE AMOUNT OF THE INCOME: \$ _____ PER _____

G. LIST EACH MONTHLY FINANCIAL OBLIGATION INCLUDING: RENT, MORTGAGES, VEHICLE PAYMENTS, LOANS, CHARGE ACCOUNTS, INSURANCE, CREDIT CARDS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS OR MONTHLY PAYMENTS. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

NAME OF MONTHLY PAYMENT/INSTITUTION (E.G. CHASE BANK, STATE FARM, JOAN SMITH)	REASON FOR PAYMENT/ITEM PURCHASED (E.G. MORTGAGE, INSURANCE, CHILD SUPPORT)	AMOUNT OF PAYMENT
		\$
		\$
		\$
		\$
		\$
		\$
		\$

ADDITIONAL RESPONSES

THIS PAGE IS TO ADD OR CLARIFY ANY PART OF THIS QUESTIONNAIRE. PLEASE INDICATE THE SECTION (SUCH AS EMPLOYMENT HISTORY) AND THE SPECIFIC QUESTIONS BY LETTER.

[illegible]

USE ADDITIONAL PAGES IF NEEDED.

All applications must be returned with copies of the following documents: Birth Certificate. Social Security Number/Card. Driver's License. High School Diploma. College Diploma. DD214

IMPORTANT: NOTARIZED SIGNATURE REQUIRED

Please read the statements below and sign before a notary public prior to submitting your Personal History Statement to the Appropriate Law Enforcement agency.

I affirm that this Personal History Statement contains no misrepresentations, falsifications, omissions, or concealment of material fact and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact my application may be rejected and my name removed from the eligible list. If already appointed, I may be dismissed.

I authorize the Platte County Sheriff's Office, for which I have expressed interest, to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Platte County Sheriff's Office to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment with the Platte County Sheriff's Office, I expressly waive all my legal rights and causes of action to the extent that the Platte County Sheriff's Office investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the Platte County Sheriff's Office, and each jurisdiction, governmental unit or governmental agency, and law enforcement agency participating with the Platte County Sheriff's Office hiring program and, in addition, each of its and their agents, officers, servants and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health in the event I am given a conditional offer of employment.

Signature of Applicant

State of _____,)
County of _____) ss

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF
 , 20 .

(Seal)

Notary Public