



LYMAN POLICE DEPARTMENT

EMPLOYMENT APPLICATION FORM

PART A

Important Instructions : This application (Part A) must be completed in it's entirety. Your answer to any particular question may not necessarily eliminate you from consideration. Failure to answer any question will result in disqualification of this application. Falsification or obvious omission on this form will result in disqualification of the application or if discovered after employment, may be grounds for discharge from employment. Answer all question applicable, *Do not state "See resume"*. If a particular question does not apply to you, or the position you are seeking, do not leave it blank; enter "N/A?" or "Unknown" in the answer space. *Do not state "See resume"*. Type or print legibly in blue or black ink.

PERSONAL INFORMATION

Last Name	First Name	Middle	
Address (Physical and Mailing)	City	State	Zip Code
Date of Birth	Social Security Number	Driver's License Number and State	
Home Phone	Cell Phone	E-mail Address :	

You may attach a resume to this application. DO NOT send certificates or letters of recommendation, Military papers, etc. All necessary items will be requested later.

Signature : _____ Date : _____

EMPLOYMENT INFORMATION

Position for which you are applying : _____

Are you employed at the present Time? _____ (If Yes, Please provide the requested information below:)

Employer's Name : _____ Supervisor : _____

Employer's Address : _____

Phone # : _____

How long have you worked for this employer ? _____ Present Salary : _____

Return all applications and resumes to :

Lyman Police Department
103 East Sage Street
P.O. Bx 300
Lyman, Wyoming 82937 Ph. # 307-787-6500

NOTE: This section provides information concerning your qualifications to be considered for the first phase of the testing process.



6. Are you a U.S. Citizen-----YES ___ NO ___
7. Do you have a current valid driver's license?-----YES ___ NO ___
8. Do you have a high school diploma or G.E.D.?-----YES ___ NO ___
9. Are you willing to take a polygraph examination?-----YES ___ NO ___
10. Will you work long hours and accept calls beyond your normal work hours?-YES ___ NO ___
11. Are you willing to take an oath, or affirm your support of the Constitution of the United States and the State of Wyoming?-----YES ___ NO ___
12. Would you be able to start full-time work immediately after a 2-week notice to your current employer?-----YES ___ NO ___
13. Have you ever been convicted by any court of a crime for which you could have been punished by imprisonment in a federal penitentiary or a state prison? (If any of these convictions were expunged, pardoned, commuted, etc., please explain on an attached page)-----YES ___ NO ___
14. Within the past five years, has your driver's license or privilege to operate a motor vehicle ever been suspended, revoked, or denied? (If "yes", please explain circumstances on attached page)-----YES ___ NO ___
15. Do you belong or have you ever belonged to any organization or group, that advocates the overthrow of the Government of the United States or the State of Wyoming by force, violence, or other unlawful means?-----YES ___ NO ___

If attaching additional page(s): print your name at the top of each additional page and sign your name at the bottom of each additional page. Identify which question number corresponds with the additional information.

The Lyman Police Department will provide, to candidates with disabilities, reasonable testing accommodations during the entrance examinations. If you require such exam accommodations, please contact the Lyman Police Department at least two weeks prior to the exam date.

Return application & resume or inquiries to: Lyman Police Department
P.O. Box 300
Lyman, WY 82937

Signature _____ Date _____

Print Your Name: _____

Last

First

Middle

COURT RECORDS AND CONVICTIONS

1. List all convictions of any crimes in which you have been convicted by any court (excluding traffic citations).

DATE	LOCATION/COURT	CHARGE	DISPOSITION

2. Are you currently a party to a civil court action? _____ YES ___ NO ___

3. Is any criminal investigation/court action pending against you? _____ YES ___ NO ___

4. Have you ever been denied bond or had one revoked? _____ YES ___ NO ___

5. List the details of each conviction _____

EDUCATION BACKGROUND

1. Last High School Attended _____ City/State _____

2. Dates attended _____

3. High School Diploma _____ YES ___ NO ___

4. If "NO" to number 3, G.E.D. or equivalent _____ YES ___ NO ___

5. List all colleges or universities attended

NAME	DATES	MAJOR	HOURS COMPLETED	DEGREE

6. Have you ever been suspended or expelled from any high school or post-secondary school, including colleges, universities, graduate schools, business and vocational schools? YES ___ NO ___
If yes, give details _____

7. List any other law enforcement related training you have received, do not attach certificates

Signature: _____ Date: _____

LYMAN POLICE DEPARTMENT

APPLICATION FORM: PART B

IMPORTANT INSTRUCTIONS: This application (Part B) must be completed in its entirety. Pages 1 through 6 of this application will be used by background investigators to determine your suitability for employment. Your answer to any particular question may not necessarily eliminate you from consideration. Failure to answer any questions will result in disqualification of this application. Falsification or obvious omission on this form will result in disqualification of the application or, if discovered after employment, may be grounds for discharge from employment.

VEHICLE OPERATION HISTORY

1. List your current driver's license number and state of issue:

NUMBER _____ STATE _____

2. List all other states in which you have applied for or obtained a driver's license. List the dates in which you applied for or held each driver's license:

STATE _____ DATES _____

STATE _____ DATES _____

STATE _____ DATES _____

3. List all traffic citations you have ever received since you started driving.

DATE	CHARGE	CITING AGENCY	STATE	DISPOSITION/PENALTY
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. If your driver's license has ever been suspended, denied, revoked or restricted, please explain the dates and circumstances _____

5. List all traffic crashes in which you were involved as a driver, whether major or minor in nature, since you started driving.

DATE	LOCATION/CITY/STATE	DETAILS
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Your Name: _____
 Last First Middle

MILITARY SERVICE RECORD

- List information for each enlistment, appointment, or period of active duty
 date entered date separated discharge type branch separation rank highest rank

- Military Service Number _____
- Besides an Honorable Discharge, were you ever discharged, separated or rejected for any reason other than health or physical fitness _____ YES ___ NO ___
- Were you ever subject to military discipline (Court Martial, Article 15, etc.)? YES ___ NO ___
- If "Yes" to 3 or 4 above give details _____

EMPLOYMENT HISTORY

NOTE: READ CAREFULLY BEFORE COMPLETING. Beginning with your most current employer, list all employment you have had in reverse order. Indicate whether each position was full time, part time or volunteer service. If applicable, indicate whether you were not employed or in the military between other employments, being sure to indicate the dates involved and account for all time periods. **You are accountable for all time, including all unemployed periods, from the present back to the age of sixteen.** If you need more entry space than provided, please complete additional pages, using the format contained in this section.
 Enter all time periods by month and year (example: From 10/87 To: 12/89).

Employment Dates	Employer: _____	Phone: () _____
From: /		
To: /	Address: _____	
Full Time <input type="checkbox"/>	(Street)	(City) (State) (ZIP Code)
Part Time <input type="checkbox"/>	Supervisor's Name: _____	May We Contact: Yes ___ No ___
Volunteer <input type="checkbox"/>	Your Position: _____	Tasks: _____
	Reason for Leaving: _____	Last Pay: \$ _____ Per _____

Not Employed	From: /	To: /
Military Service	From: /	To: /

Signature: _____ Date: _____

Print Your Name: _____
Last First Middle

REFERENCES

NOTE: During the course of the background investigation, person's you know will be asked to comment on your suitability for the position of police officer.

1. List five persons over age 25 who know you. Do not include relatives or past employers.

NAME	ADDRESS	CITY/STATE	PHONE NUMBER	YRS KNOWN
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2. Please provide the appropriate information in the spaces below. If certain portions do not apply to you, enter "N/A" in the space. If the person is no longer living, enter "Deceased".

NAME	ADDRESS	PHONE NO.
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Father _____

Mother _____

Father-in-Law _____

Mother-in-Law _____

Spouse _____

Former Spouse _____

Brother(s) _____

Sister(s) _____

Step-father _____

Step-mother _____

Signature: _____ Date: _____

Print Your Name:

Last

First

Middle

RESIDENCES

1. Starting with your current address, list your past residences in reverse order. Complete back to age sixteen.

FROM	TO	ADDRESS	CITY	STATE	ZIP CODE	LANDLORD

FINANCIAL INVESTIGATION

- 1. Have you ever filed for or declared bankruptcy? _____ YES ____ NO ____
- 2. Have any of your bills ever been turned over to a collection agency? _____ YES ____ NO ____
- 3. Have you ever purchased goods which were subsequently repossessed _____ YES ____ NO ____
- 4. Have your wages ever been garnished? _____ YES ____ NO ____
- 5. Have you ever been delinquent on income or other tax payments? _____ YES ____ NO ____
- 6. If you answered "YES" to any of the above financial questions, please provide further information (dates, debtor, amounts, and circumstances): _____

CERTIFICATION

I understand the information I have provided in this application (Part A & B) is to be used in a background investigation which is part of the hiring process of the Lyman Police Department. I hereby certify I have completed the application (Part A & B), and all necessary additional pages. I have not made willful, misleading statements or representations. No falsifications or omissions are contained in my answers.

I am aware my responses may be verified through polygraph examination, background investigation or other means.

Signature: _____ Date: _____



LYMAN POLICE DEPARTMENT

100 EAST SAGE STREET
PO BX 300
LYMAN, WYOMING 82937

PHONE: 307-787-6500
FAX: 307-787-3753

RELEASE OF INFORMATION AND WAIVER

To Whom It May Concern,

I am an applicant for employment with the Lyman Police Department. Pursuant to 9-1-704 of the Wyoming State Statutes, the Lyman Police department is required to conduct a personal background investigation.

I hereby authorize any Police Officer or other authorized representative of the Lyman Police Department or Town of Lyman bearing this release or copy, within one year of its date, to obtain copies of any information in your files concerning me, or information pertaining to my employment, including but not limited to documents concerning my credit history or education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations and any and all internal affairs investigations and discipline, including any files which are deemed to be confidential and / or sealed.

I thereby direct you to release this information upon request of the bearer. This release is executed with my full knowledge and understanding that the information is for the official use of the Lyman Police Department.

Consent is granted for the Lyman Police Department Office to furnish the information described above to third parties in the course of fulfilling their official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the Lyman Police Department.

I thereby release you, as my employer, former employer or representative of either of them and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or related personnel, both individually and collectively, from any and all heirs, or my assigns 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.

I understand that I have a right to receive a copy of this authorization and I hereby acknowledge that I have received a copy.

TO BE COMPLETED BY APPLICANT

Full Name : _____ (Signature) Date : _____

Full Name : _____ (Print) DOB: _____

Current Address : _____

Phone Numbers - Home : _____ Work : _____ Cell : _____

Social Security Number : _____

SWORN TO AND SUBSCRIBED BY ME on this _____ day of _____, 20____, and I do so certify.

Notary Public
My Commission Expires: _____