

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge, and 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 applications, or if hired, termination of my employment.

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 1 year. 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 of the employer.

Signature of Applicant

Printed name of Applicant

Date

PLEASE READ EACH STATEMENT CAREFULLY 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 and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application 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 mental examination. 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 examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature consent to these statements.

Signature of Applicant

Printed Name

Date

Application for Employment

CITY OF NEWCASTLE POLICE DEPARTMENT

Position applied for _____ Date of Application _____

Name _____ Email _____

Other names used _____

Mailing Address _____

City State Zip

Phone Numbers _____

Home Work Cell

Date of Birth _____ SSN _____

If under 18, can you provide a work permit? Yes _____ No _____

Have you ever been Employed by the City of Newcastle Yes _____ No _____

If yes give date(s) From _____ To _____

Are you legally eligible for employment in this country Yes _____ No _____

Proof of eligibility is required upon employment

Type of Employment desired Full _____ Part _____(time)

Date Available for work Date _____

If it should become necessary in the performance of your duties, could you use deadly force in defense of your life or the life of someone else?

Yes _____ No _____

If NO, please explain: _____

Criminal Background

(A "Yes" answer does not automatically disqualify you from employment since the nature of the Offense, date and the job for which you are applying will also be considered.)

1. Have you ever been convicted of a crime excluding traffic citations?

Yes _____ No _____

If Yes, please explain. Include Agency, date of conviction and Charges filed. _____

2. Do you have any pending court actions against yourself or your immediate family? Have you ever been involved as a plaintiff or defendant in any civil court action?

Yes _____ No _____

If yes, please explain. Including where, When, name and location of court and circumstances _____

3. Have you ever been placed on court probation as an adult

Yes _____ No _____

If yes, please give details including when, where , why and court involved.

4. Have you ever taken any property/money from an employer or place of business?

Yes _____ No _____

If Yes, please explain: _____

5. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?

Yes _____ No _____

If yes, please give details including when, where, why and the disposition. _____

SPECIAL SKILLS AND QUALIFICATIONS

1. Summarize special skills, training and qualifications acquired from employment or other experiences that relates to this position. _____

2. Keyboarding Skills? Yes _____ No _____
WPM? _____

3. List special accomplishments, publications, awards, and the names of professional groups of which you are or have been a member as well as any additional information you would like us to consider including certifications and licenses. _____

Indicate any foreign languages or sign language you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

EDUCATIONAL BACKGROUND

4. Have you worked or attended school under any other name? Yes _____ No _____
 If yes, give all names _____

Highest Grade level Completed:
 High School 9____ 10____ 11____ 12____ GED_____
 College 1____ 2____ 3____ 4____
 Graduate work Yes____ No____

Please list all High Schools OR GED testing facilities you attended and the dates:

		UNITS	DEGREE/			
COLLEGE/UNIVERSITY /TRADE SCHOOLS	CITY/STATE	COMPLETED	DIPLOMA OBTAINED	YEAR	MAJOR	MINOR

Employment History

List your employment history with the most recent employer. List all positions held, including military experience, part-time, summer and/or volunteer work and periods of unemployment for the last 10 years. Explain any gaps on the supplemental sheet provided at the end of this application . More space is provided at the end of this document.

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Job Duties/Responsibilities

Starting Salary _____ / _____ Ending Salary _____ / _____

Start Date _____ End Date _____

Immediate Supervisor _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Job Duties/Responsibilities

Starting Salary _____ / _____ Ending Salary _____ / _____

Start Date _____ End Date _____

Immediate Supervisor _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Job Duties/Responsibilities

Starting Salary _____ / _____ Ending Salary _____ / _____

Start Date _____ End Date _____

Immediate Supervisor _____

Reason for Leaving: _____

MILITARY SERVICE

Have you ever served in the armed forces? Yes _____ No _____
If yes, please supply the following information:

Branch of Service: _____ Service Number: _____

Dates of Service: _____ to _____

Type of Discharge _____

Are you currently participating in any military reserve or National Guard program? Yes _____ No _____
PLEASE INCLUDE UNIT INFORMATION AND DRILL SCHEDULE ON A SEPARATE SHEET

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military?
Yes _____ No _____

If yes, please explain: _____

Past Commanding Officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

We will need a DD-214 if discharged and/or you had a break in service.
NCO's will need to include an evaluation record

Records for Veterans can be obtained online here:
<https://www.va.gov/records/get-military-service-records/>

Request Forms
<https://www.archives.gov/veterans/military-service-records/standard-form-180.html>

Military Personnel Records Center
GSA (Air Force, Marine Corp, Army, Coast Guard, Navy)
1 Archives Dr.
St. Louis, MO 63138

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position in Law Enforcement. This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations. Please supply information about your charge accounts, contracts or other financial liabilities:

Name of Firm, Address, Phone Number	Account Number

Have you ever filed for or declared bankruptcy? Yes _____ No _____
If yes, explain when, where and why

Have any of your bills been turned over to a collection agency? Yes _____ No _____
If Yes, explain when, firms and circumstances:

Have your wages ever been garnished? Yes _____ No _____
If yes, explain when, where and why:

Have you ever been delinquent on income or other tax payments? Yes _____ No _____
If yes, please explain when, where and why:

MOTOR VEHICLE OPERATION

Driver's License # _____ State _____

Have you ever had your Driver's License Suspended or revoked Yes _____ No _____

If yes, please explain:

List all traffic citations (exclude parking tickets) you have received within the last 7 years.

Disposition = Guilty, No Contest, not guilty etc.

Nature of Violation	Location(City)	Date	Disposition

Have you ever been involved as a driver in a motor vehicle accident in the last 7 years? Yes _____ No _____

If yes, please give details for each accident: Including , Agency, Date, Location, Injury/non-injury, and investigation.

Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes _____ No _____

If there is anything you wish to discuss about your driving record, please use the space below:

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:

****Please indicate in the Activity column whether you sold, furnished, bought, possessed, and/or used the listed drugs.**

Drug Type	Yes/No	Activity	Approx. Date	Form Used

Within the last year have you inhaled (paint, glue, gasoline, etc.) Yes _____ No _____
 When was the last time? _____

Do others use illegal drugs in your presence? Yes _____ No _____
 When was the last time? _____

Within the last year, have you used cough medicine or any other over-the-counter drug to get high?
Yes _____ No _____

If yes, please explain: _____

Newcastle Police Department Background Release of Liability

Name: _____

Date of Birth: _____

I authorize any medical facility, doctor, law enforcement agency, company, firm, organization, Worker's compensation, employee of the same, or any other person to furnish the Newcastle Police Department any, and all information that they may have, knowledge of my work record, education, military record, reputation, financial, mental, physical, criminal information. This included any, and all information necessary for employment. This information includes, but is not limited to any, and all medical, physical, mental records or reports which may include Hospital records that may contain confidential information.

I hereby release you and/or your organization any and all others from any liability or damage that may result from furnishing the information requested by the Newcastle Police Department or an employee thereof.

Signature

Date

Print Full name _____
Last First Middle

State of Wyoming

Ss

County of Weston

This foregoing instrument was acknowledged before me by _____
Applicant Name

Witness my hand and official seal: _____
Notary Public

(seal) My Commission expires: _____

ACADEMIC BACKGROUND
AUTHORIZATION AND LIABILITY
WAIVER

To Whom It May Concern:

I hereby authorize the Newcastle Police Department to review my academic records and my personal history pertaining to my attendance at _____
_____ (Name of School). I further authorize you to release such other information as may be requested by that agency. Such information is to be used by that agency to assist it in determining my qualifications and fitness for an employment position which I am currently seeking.

I hereby expressly release your institution and its employees from any liability for damage to me which may result from the furnishing of such information.

Signature

Date

Print Full name _____

Last

First

Middle

State of Wyoming

ss

County of Weston

This foregoing instrument was acknowledged before me by _____

Applicant Name

Witness my hand and official seal: _____

Notary Public

(seal)

My Commission expires: _____

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 covenant not to sue.

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 City of Newcastle, Wyoming, its officials, officers, employees, legal counsel, agents or representative 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 an application for employment as a Police Officer, Community Service Officer or Communications Dispatcher with the Police Department for the City of Newcastle, Wyoming, whose address is 25 North Sumner, Newcastle, Wyoming, 82701 and telephone number is (307) 746-4486. My employment history is relevant to my suitability for employment with the Newcastle Police Department. To this end, I hereby authorize the Newcastle Police Department and his/her officers, employees, agents and representatives (herein collectively referred to as "you" and "your") to release to the Chief of Police of the Newcastle Police Department or his agent or representative copies of any and all documents, reports, notices, notes statement, evaluations, disciplinary actions or other times contained within my personnel file maintained by you, whether written, videotaped or audio taped. The Newcastle Police Department shall 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 Newcastle Police Department or his agent or representative regarding your knowledge of me and regarding all aspects of my employment history with you; including without 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 with my employment and generally whatever else the Chief of Police or his agent or representative 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 authorizations 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 extended to all persons responding hereto and their employers, including governmental employers.

PEACE OFFICER EXAMINATION WAIVER FORM

I, the undersigned, an applicant for a position with the Newcastle Police Department of the City of Newcastle, County of Weston, State of Wyoming, in consideration of being permitted to take such practical tests as are deemed necessary to determine my fitness and eligibility for the position do hereby voluntarily waive and forever release the Newcastle Police Department of the City of Newcastle, County of Weston, State of Wyoming and its duly appointed agents, officials and members of the examining board and their assistants conducting said examination and the City of Newcastle, County of Weston, State of Wyoming, from all claims demands or causes of action for any damages or injury that may occur or accrue to me while in the performance of such test or in the taking of such test.

I also declare that to the best of my knowledge, I am in good health and sound physical condition and have no physical disability or impairment or health condition which would prevent me from participating in these tests.

Signature _____ Date _____

Print Full name _____
Last First Middle

State of Wyoming

ss

County of Weston

This foregoing instrument was acknowledged before me by _____
Applicant Name

Witness my hand and official seal: _____
Notary Public

(seal) My Commission expires: _____

CONSENT FORM

I, _____ have reviewed the Peace Officers Physical Ability Test and have determined that I am capable of taking and completing the test battery without undue stress. I understand that some of the activities are strenuous, require substantial exertion on my part and that I may become uncomfortable during or following these activities. I further understand that I may suffer injury while giving a maximum effort on the tests in this battery and may suffer muscle strains and/or soreness during or after the tests have been completed.

I fully understand and appreciate the risks that may be involved with taking this test and will not hold the test administrator, the test developers nor the agency responsible for any injury I may incur during testing.

I understand that not everyone may pass this test, that the test will differentiate between those who can and those who cannot perform at predetermined levels in selected areas of functioning and that if I am unable to perform at the predetermined level, that I will be eliminated from further consideration of employment.

Before participating in this study, please answer the following questions. Mark those items that apply to you.

Your doctor said you have heart trouble, a heart murmur, or you have had a heart attack.

Yes ____ No ____

You frequently have pains or pressure - in the left or mid chest area, left neck, shoulder or arm - during or right after exercise.

Yes ____ No ____

You often feel faint or have spells of severe dizziness.

Yes ____ No ____

You experience extreme breathlessness after mild exertion.

Yes ____ No ____

Your doctor said your blood pressure was too high and is not under control or you don't know whether or not your blood pressure is normal.

Yes ____ No ____

Your doctor said you have bone or joint problems such as arthritis. You have a family history of premature coronary artery disease.

Yes ____ No ____

You have a medical condition not mentioned here which might need special attention in an exercise program.

Yes ____ No ____

CONSENT FORM(cont.)

I hereby attest that I have read and understand the statement above.

Signature

Date

Print Full name _____
Last First Middle

State of Wyoming

ss

County of Weston

This foregoing instrument was acknowledged before me by _____
Applicant Name

Witness my hand and official seal: _____
Notary Public

MEDICAL INFORMATION RELEASE

To Whom It May Concern:

I am an applicant for a position with the Newcastle Police Department. It is essential that the examining physician evaluate my medical background. For that purpose, the examining physician has requested I authorize you to provide my medical record and history concerning the following medical conditions(s):

Please forward such information to: Newcastle Police Department
25 North Sumner
Newcastle, WY 82701

I hereby expressly release you and your employees from any liability for damage to me which may result from the furnishing of such information.

Signature

Date

Print Full name _____
Last First Middle

State of Wyoming

ss

County of Weston

This foregoing instrument was acknowledged before me by _____
Applicant Name

Witness my hand and official seal: _____
Notary Public

VETERAN'S PREFERENCE

I, _____ request consideration for Veteran's Preference under Title 39, Chapter 30, MCA

A copy of honorable discharge and a copy of the Veterans Administration Letter of Eligibility for service-connected disability must be attached.

Signature

Date

Print Full name _____
Last First Middle

State of Wyoming

ss

County of Weston

This foregoing instrument was acknowledged before me by _____
Applicant Name

Witness my hand and official seal: _____
Notary Public

(seal) My Commission expires: _____

REQUIRED DOCUMENTATION

Following copies of all documents to be left with the application file

1. Social Security Card
2. Valid Driver's license or Identification card
3. Birth Certificate
4. Proof of American Citizenship (if applicable)
5. Selective Service Letter (if applicable)
6. DD214 (if applicable-prior service)
7. Certificates of achievement
8. Diplomas
9. Verification documents of all marriages/divorces
10. Transcripts may be sent directly to Newcastle Police Department Attn. Communications Supervisor, 25 North Sumner, Newcastle, WY 82701 or brought to testing.

If you have any questions or would like to email your application please contact us at newcastlepd@rtconnect.net

Employment History Supplemental for gaps

Please explain the reason(s) for a gap in employment.

Please use this page for any other information that could not fit on the space provided in the application

