

# **Wheatland Police Department**

**Randy Chesser  
Chief of Police**



## **Online Employment Application Packet**

**951 Water Street  
Wheatland, WY 82201  
(307) 322-2141**

## Application Instruction Sheet

The Wheatland Police Department requires you personally complete the application for employment. Please note that your ability to complete this form in an accurate fashion is a part of the background investigation process. It is **your responsibility** to make sure you have read and understood each question, and have answered truthfully and completely.

The Wheatland Police Department uses this form, among others, to determine your legal qualifications for the position for which you are applying. In addition, the Wheatland Police Department has an obligation to itself and to the citizens of its service area to ensure that persons not qualified for this position will be excluded lawfully from further consideration.

**Please complete this form online and print the entire application.** Make sure you have signed the required areas of the application prior to mailing. **Incomplete applications will not be considered.** A personal resume will not be accepted as a sole application for employment, but may be included with a completed application.

Please be as specific as possible in your answers. Also remember that there is no such thing as a perfect person or perfect candidate. As your prospective employer, we are not looking for perfection; rather, we want an open and honest opportunity to evaluate your qualifications fairly for this position.

**You are responsible** for the accuracy of information on this form. It is your responsibility to make certain that the information is complete and correct. **Please note that deliberate omissions on this form will result in your application being rejected, regardless of the nature or reason for the omissions.** Read questions **thoroughly** prior to answering.

### Illegal Drugs

When responding to questions about prior use of illegal drugs, you need to identify the drug or controlled substance, when first used, last used, and number of uses. **Do not** furnish any identifying information about controlled substances that are or were lawfully prescribed to you, unless arrested for driving under the influence of that prescribed drug. You may be required to take a drug test prior to employment.

Remember the legal term “possession” includes any use whatsoever. Possession includes using, experimenting, trying, ingesting, smoking, injecting, or under the influence of any illegal drug. It also includes drugs in the possession of your clothing or car, even if not “used” on that occasion. Possession specifically includes substances thought to be illegal when you possessed them, even if subsequently they turned out to be harmless.

### Legal Questions

All Wheatland Police Department applicants are required to disclose their prior involvement of illegal acts. You are required to disclose all acts you have **committed** even if never caught, arrested, or prosecuted. In some cases, your responses may be subject to verification by polygraph examination. Inconsistent statements made in this document and during your polygraph undoubtedly will result in disqualification.

You are required to answer questions about misdemeanors and felonies you may have committed at any time in your life. With respect to the questions about legal processes initiated against you (detentions, arrests, plea bargains, diversions and/or convictions), you may have a legal right to answer “No” to certain questions. You should consult with your attorney if you feel you may be legally entitled to deny these processes under law.

## Application Checklist

**Applicants for Wheatland Police Department must complete this application package in its entirety.**

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***Name of Applicant***

**Please be sure you have attached all of the following with your application upon submission to the police department.**

1. Social Security Card Facsimile
2. Valid Driver's License Facsimile
3. Birth Certificate Copy
4. Proof of American Citizenship (if applicable)
5. DD 214 (if prior military service)
6. Certificates of Achievement (optional and may pertain to education, public service, military, employment, etc.)
7. Transcripts (have college or university sent directly to )\*\*\*:  
  
Wheatland Police Department  
951 Water Street  
Wheatland, WY 82201
8. Copies of Diplomas (high school and post secondary education)
9. Verification Documents of any Marriages/ Divorces

***\*\*\* Note: The applicant may wait until he/she successfully passes the initial screening process before ordering transcripts.***

# Application For Employment

## PERSONAL

The following information is requested of you for verification and contact purposes:

<b>1. Name:</b>					
<b>Last</b>	<b>First</b>	<b>Middle</b>			
Other Names (include nicknames and other known names):					
<b>2. Please list the address at which you may be contacted:</b>					
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>3. Please list all of your telephone numbers below:</b>					
<b>Work</b>	<b>Cell</b>	<b>Home</b>	<b>Other</b>		
<b>4. Date of Birth</b>		<b>5. You must be a U.S. citizen or permanent alien who is eligible for and applied for citizenship. Can you provide this documentation?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6. Place of Birth</b>		
<b>Month</b>	<b>Date</b>		<b>Year</b>	<b>State:</b>	
				<b>County:</b>	
			<b>City:</b>		
<b>7. Social Security Number</b>			(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)		
<b>8. For the purpose of identification, please provide the following:</b>					
<b>Height</b>	<b>Weight</b>	<b>Hair Color</b>	<b>Eye Color</b>		
<b>Scars, Marks and Tattoos:</b>					

**RELATIVES, REFERENCES, & ACQUAINTANCES**

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position. Inquires will be confined to job relevant matters.

9. Please supply the appropriate information in the spaces provided below. If category is no applicable write "n/a".			
Name	Complete address where person can be contacted. Include city, State, and Zip Code.	Telephone	
Father			
Mother			
Father-in-Law			
Mother-in-Law			
Spouse/Fiancé		Telephone	
		Date Married	
Former Spouse/Fiancées		Telephone	
		Date Divorced	
		Telephone	
		Date Divorced	
Brother(s)/Sister(s)		Telephone	Age
Stepfather			
Stepmother			
Stepbrother(s)/Stepsister(s)			Age
			Age
			Age
			Age
			Age

Other **ADULT** relatives with whom you have a close personal relationship:

Full name/Relationship	Complete address where person can be contacted. Include city, state, and Zip Code.	Telephone

**10. Below, please list those individuals with whom you have resided during the past 10 years (do not list anything prior to your 15<sup>th</sup> birthday). Exclude family members.**


**11. Below, please list as references three-five individuals who have knowledge of you and your qualifications. Exclude relatives, former employers, and friends.**


**12. Please list three-five individuals who are social acquaintances (i.e. person whom you have seen frequently during the past year) and have knowledge of your qualifications.**


**EDUCATION**

**13. The Wheatland Police Department requires that employees possess a high school diploma or its equivalent. Please indicate your current situation with regard to this requirement.**

- I possess a high school diploma
- I passed the G.E.D. (General Educational Development test)
- I possess other equivalent. Explain \_\_\_\_\_
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:

When: \_\_\_\_\_

How: \_\_\_\_\_

14. College Degree:     I possess a two year college degree         I possess a four year college degree

Type of Degree(s): \_\_\_\_\_

**15. Please indicate below all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.**

Name of School	Location of School City and State	Start Date mm/yyyy	End Date Mm/yyyy	School Reference (Teacher/Counselor)

**16. Have you ever been suspended or expelled from any school attended?**         Yes     No

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**21. Have you ever been denied the return of a security or damage deposit by any landlord?**

Yes     No

If yes, please explain:

**EXPERIENCES & EMPLOYMENT**

**22. Your employment history is a critical part of your background investigation. Beginning with your most current employer, please list all jobs you have held in the past 10 years. You must account for each and every job you have held, whether full time, part time, or voluntary. *If you have had intervening periods of military service or unemployment, please list those periods in sequence as they occurred.***

Dates of Employment	Name & Address of Employer	Name of Supervisor
<p>From                      To mm/yy                      mm/yy</p> <p>____/____                      ____/____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Contract</p>	<p>_____ _____ _____</p> <p>Telephone Number: _____</p> <p>Title and Duties: _____</p>	<p>_____ _____ _____</p> <p>Name of Co-Worker(s) _____ _____</p>
<p>Beginning Salary _____ Ending Salary _____</p>		
<p>Detailed Reason for Leaving:</p> <p>_____ _____ _____</p>		
<p>May we contact this employer? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If no, please explain why:</p> <p>_____</p>		
<p><input type="checkbox"/> Military Service    <input type="checkbox"/> Not Employed                      From ____/____    To ____/____</p>		

Dates of Employment	Name & Address of Employer	Name of Supervisor
From            To mm/yy        mm/yy  ___/___      ___/___  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Contract		
		Name of Co-Worker(s)
	Telephone Number:	
	Title and Duties:	
Beginning Salary _____ Ending Salary _____		
Detailed Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain why: _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed                      From ___/___    To ___/___		

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If no, please explain why: _____		
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If no, please explain why: _____		
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		Name of Co-Worker(s)
	Telephone Number:	
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Beginning Salary _____ Ending Salary _____		
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	Title and Duties:	
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Detailed Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain why: _____		
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Beginning Salary _____ Ending Salary _____		
Detailed Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, please explain why: _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed                      From ___/___    To ___/___		

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Detailed Reason for Leaving:		
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Beginning Salary _____		Ending Salary _____
Detailed Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, please explain why: _____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed                      From ___/___    To ___/___		

**23. If you have not had prior employment, please explain:**

**24. Have you ever been involuntary terminated from a job (including layoffs, firings, forced or requested resignations, or probationary release)?**  Yes  No

If yes, please give details (Do Not list any separation which resulted from a medical inability):

**25. Have you ever been a successful or unsuccessful candidate for another position requiring peace office powers?**  Yes  No If yes, please explain (include when, name of agency, circumstances):

**26. While on duty or at work, have you ever consumed alcohol or illegally ingested any controlled substances that may have violated company rules and/or polices/regulations set by your employer?**

Yes  No If yes, please explain:

**27. Have you ever engaged in any sexual activity on-duty or while at work?**  Yes  No

If yes, please explain:

**28. Have you ever had any extended absences from work other than earned vacations?**

Yes  No If yes, explain (include when, name of employer, why):

**29. Has any employer ever investigated you or your work performance as a result of a complaint from a co-worker, supervisor, subordinate, or member of the general public?**  Yes  No

If yes, complete the following:

Date: \_\_\_\_\_ Nature of Complaint: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Complaint: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Complaint: \_\_\_\_\_

**Were any of the complaints against you sustained?**  Yes  No

If yes, what discipline did you receive:



**30. Have you ever been the subject of any disciplinary action by an employer, including formal reprimands, warnings or suspensions?**       Yes    No

If yes, give details:

**31. List other persons employed in law enforcement who may be familiar enough with you as to offer an opinion on your suitability in law enforcement. Also, list any Wheatland Police Department employees you may know below:**

Name	Agency	Telephone

**MILITARY SERVICE**

**32. Have you ever served in the armed forces, national guard, or military reserves?**    Yes    No

If yes, please supply the following information:

Branch of Service \_\_\_\_\_                      Service Number \_\_\_\_\_

Dates of Service \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of discharge \_\_\_\_\_                      Rank at discharge \_\_\_\_\_

Were you ever reduced in rank?    Yes    No

If Yes, explain reason:

Highest rank held \_\_\_\_\_                      Unit last assigned \_\_\_\_\_

**33. Please list current and past draft classifications in chronological order:**

**34. Are you currently participating in any military reserve or National Guard program?**    Yes    No

**35. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, national guard, or military reserves?**    Yes    No

If yes, give details (include branch of service, when, where, circumstances):

**36. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Below, please list those individuals who know you well enough to provide accurate information about you.**

Name	Address	Telephone	From	To

**FINANCIAL**

**37. The management of personal finances is relevant to an individual's qualifications for the position. Please fill in the financial statement below as completely and accurately as possible. The amount of indebtedness in itself will not be used in evaluating you qualifications, but the behavior exhibited in meeting your financial obligations.**

Current Monthly Income		Current Monthly Expenditures	
Monthly Salary	_____	Mortgage/ Property Payments	_____
Spouse's Salary	_____	Rent	_____
Any other Income	_____	Other Monthly Payments (Car Payments, Credit Cards, any other loans)	_____
			_____
			_____
			_____
		Estimated costs of living expenses (Groceries, Utilities, Entertainment, Insurance, Gasoline etc.)	_____
<b>Total Monthly Income</b>	_____	<b>Total Monthly Expenditures</b>	_____

Current Assets		Current Liabilities	
Savings	_____	Mortgage	_____
Checking	_____	Long Term Loans	_____
Property	_____	Credit Cards	_____
Stocks/Bonds	_____	Car Loans	_____
Life Insurance (Cash Value)	_____	<u>Other Liabilities</u>	
Autos	_____	_____	_____
<u>Other Assets</u>		_____	_____
_____	_____	_____	_____
_____	_____		
_____	_____	<b>Total Liabilities</b>	_____
_____	_____		
<b>Total Assets</b>	_____		

**38. Below please supply more detailed information about your charge accounts, contracts, or other financial liabilities:**

Name of Company	Address	Account Number

**39. Have you ever filed for or declared bankruptcy?**     Yes     No

If yes, please explain (include when, where and why):

**40. Have any of your bills ever been turned over to a collection agency?**     Yes     No

If yes, please explain (include when, firms involved, circumstances):

**41. Have you ever had and purchased goods repossessed?**     Yes     No

If yes, please explain (include when, where and why):

**42. Have your wages ever been garnished?**     Yes     No

If yes, please explain (include when, where and why):

**43. Have ever been or are now delinquent on any court ordered payment(s)? (i.e. child support, alimony, liens, etc.)**     Yes     No

If yes, please explain:

**44. Please list any other financial situations or circumstances that you feel may need to be explained before a background investigation is completed:**

**45. Have you ever been delinquent on income or any other tax payments?**     Yes     No

If yes, please explain (include when, where and why):

**LEGAL**

Your involvement in any civil and criminal proceedings may have a direct bearing on your legal eligibility to hold a position with the Wheatland Police Department. However, some arrests or even convictions may not automatically disqualify you from further consideration for a position. Furnish the following information indicated. All applicants shall note that misdemeanor criminal records that have been expunged or sealed by a court need not be reported. However, all felony convictions, expunged, pardoned, or sealed, must be reported as well as withheld convictions.

**46. Have you ever been arrested, detained for investigation, or cited by any law enforcement agency wither as a juvenile or as an adult?\***       Yes     No

If yes, please fill in the information below

**\*\*DO NOT INCLUDE TRAFFIC INFRACTIONS IN THIS CATEGORY**

Approximate Date	Police Agency	Circumstance

**47. Have you ever been convicted of or pled guilty to any criminal offense, including military court martial?**     Yes     No

If yes, please explain (include nature of offense, arresting agency, date of conviction, sentence):

**48. Have you ever been placed on court ordered probation as an adult?**     Yes     No

If yes, please explain (include when, where, why, probation agent):

**49. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult?**     Yes     No

If yes, please give details (include when, where, why):

**50. Have you ever been reported to a law enforcement agency as a missing person or runaway?**

Yes  No If yes, please give details:

**51. Have you ever been sued in court or ever sued anyone else in court?** (This includes incidents arising from your employment, divorce actions, small claims, or other suits. Do not list the nature of this case if it involved worker's compensation or disability claims):  Yes  No

**52. Have you ever settled any civil suits out of court in which you, your insurance company, or anyone else on your behalf were required to make a cash payment to the other party?**  Yes  No  
If yes, please give details:

**53. Have you ever been the subject of any federal or state civil rights investigation?**  Yes  No  
If yes, please give details:

**54. Have you ever been the subject of a civil restraining order, protection order, or no contact order?**  
 Yes  No If yes, please give details:

**55. To the best of your knowledge, are you currently under investigation by any law enforcement agency concerning any alleged violation of criminal law?**  Yes  No  
If yes, please give details:

**56. Check all of the misdemeanors that you have ever committed, *whether detected or not*.**

Hunting/Fishing without a license  
 Poaching  
 Indecent exposure  
 Soliciting a prostitute  
 Trespassing  
 Possessing false identification  
 Petty theft/shoplifting  
 Brandishing a weapon

Harassing Phone Calls  
 Impersonation of a police officer  
 Disorderly conduct  
 Prostitution  
 Resisting arrest  
 Hit and Run (no injuries)  
 Joyriding  
 Vandalism

Possession controlled substance  
 Concealed weapon with no permit  
 Illegal gambling  
 Assault/Battery  
 Driving impaired (DUI)  
 Domestic Battery  
 Possession of stolen property

Explain any checked above:

<b>57. Check any <u>felonies</u> you have ever committed, whether detected or not.</b>		
<input type="checkbox"/> Murder <input type="checkbox"/> Rape <input type="checkbox"/> Embezzlement <input type="checkbox"/> Arson <input type="checkbox"/> Robbery <input type="checkbox"/> Other Sexual Assault	<input type="checkbox"/> DUI <input type="checkbox"/> Burglary <input type="checkbox"/> Child Abuse <input type="checkbox"/> Auto Theft <input type="checkbox"/> Forgery <input type="checkbox"/> Cultivation/Manufacture/Possess Controlled substance	<input type="checkbox"/> Grand Theft <input type="checkbox"/> Aggravated Assault <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Hit & Run (Injuries) <input type="checkbox"/> Possession of stolen property
Explain any checked above:		
<b>58. Have you ever been required to register as a sex offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide location and dates:		
<b>59. Have you ever struck someone in anger?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
<b>60. Have you ever had any contact with and child/family service agencies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

**MOTOR VEHICLE OPERATION**

**Operation of a motor vehicle is an integral part of this position. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:**

<b>61. Driver's License Number</b>	<b>State</b>	<b>Expiration Date</b>
<b>62. Please list below all states or countries you have been licensed to operate a motor vehicle:</b>		
<b>State/Country</b>	<b>State/Country</b>	<b>State/Country</b>
Name under which license was granted	Name under which license was granted	Name under which license was granted
<b>63. Have you ever been refused a driver's license by any state/country?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (include when, where, why):		





**69. Have you ever been charged with failure to appear or pay as a result of a citation you have received?**     Yes     No    If yes, please explain:

**70. Do you currently have any vehicle registered in Wyoming?**     Yes     No

**71. Have you been involved as a driver in a motor vehicle accident within the last seven years?**  
 Yes     No    If yes, complete the following table:

Date	Location	Police Agency	Police Investigated	Injury
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**72. Has your driver's license ever been revoked, cancelled, or suspended?**     Yes     No  
If yes, please explain:

**73. Has your driver's license ever been suspended for failure to appear for a scheduled court date?**  
 Yes     No    If yes, please explain:

**74. Have you ever been refused insurance for any reason other than failure to pay a premium?**  
 Yes     No    If yes, please explain (include company name, date, reason):

**75. Is there anything else you wish to discuss about your driving record, please use the space below:**

**GENERAL TOPICS**

**The following questions are general topics related to other issues that have not been addressed specifically anywhere else in the application.**

**76. Have you ever applied for a permit to carry a concealed weapon?**  Yes  No

If yes, please provide the following information:

Permit Granted  Yes  No Date: \_\_\_\_\_

Name of law enforcement agency: \_\_\_\_\_

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

**77. Have you ever called in sick when in actuality you were not sick or caring for a family member who was sick?**  Yes  No If Yes, please explain:

**78. Have you ever been implicated in the sexual harassment of any co-worker, subordinate, or supervisor?**  Yes  No If Yes, please explain:

**79. Has an employer of yours ever been sued as a result of your conduct or duties (*this includes vehicle collisions of an employer's vehicle, persons injured or killed as a result of your duties, false arrest claims, excessive use of force, etc.*)?**  Yes  No If Yes, please explain:

**80. Have you ever used, tried, experimented, possessed or in any way introduced to your body any illegal controlled substance, drug or prescription not lawfully prescribed to you?**

Yes  No If Yes, please fill in chart below:

Drug		Date of 1 <sup>st</sup> Use	Date of Last Use	Used Once
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Hashish, Hashish Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Crack, Rock, Ice	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Barbiturates, Hypnotics, Downers	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Amphetamines, Cross tops, Whites, Bennies, Uppers	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Methamphetamine, Speed, Crank	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
LSD, Peyote, Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
PCP, Angel Dust	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Heroin, Opiates	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
Pharmaceuticals not prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>

#### QUESTIONNAIRE

Is there any other illegal drug, narcotic, or controlled substance not listed above you have introduced into your body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever introduced a substance into your body which you believed to be illegal and found it was not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever injected an illegal drug into your body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever sold any illegal drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever participated in manufacturing, cultivation, or production of any illegal drug, narcotic, or controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever acted as a "middle man", "go-between", or done a "favor" for a friend by becoming involved in any illegal drug transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever told anyone where to buy illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever temporarily stored or "held" any illegal drug, narcotic or controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had illegal drugs in your possession while at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever bought or sold any illegal drug at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any illegal drugs presently in your home or car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever purchased, shared, or sold any drug or narcotic paraphernalia?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**81. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, or group of persons that is or was totalitarian, fascist, communist, or subversive in nature or which has adopted or expressed a policy of advocating or approving the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?**

Yes  No If Yes, please explain:

**82. Do you have anything in your background that may disqualify you from becoming an employee of the Wheatland Police Department?**  Yes  No If Yes, please explain:

**83. Is there anything we have not discussed which YOU believe would have effect on your background investigation?**  Yes  No If Yes, please explain:

**We will be conducting an extensive investigation into your suitability for employment with the Wheatland Police Department. Please describe in complete detail anything else you feel is important for your background investigator to know:**

**I hereby certify that all statements and information made by me in completing this application for employment are true to the best of my knowledge. I personally have completed this form and understand that deliberate errors or misstatements of material or fact will be subject to disqualification or dismissal. I also understand that erroneous information will negate any conditional offers and may result in my termination at a later date if I am hired.**

\_\_\_\_\_  
**Signature in Full**

\_\_\_\_\_  
**Date**

# Chief Randy Chesser

Wheatland Police Department

## **Permanent Disqualifiers for prospective applicants:**

- Felony conviction, probation or community supervision.
- Discharge from the military with other than an Honorable Discharge.
- Any domestic violence conviction.
- Having had a Wyoming POST license denied by final order, revoked, or a voluntary surrender of license currently in effect.
- Having illegally furnished or sold any controlled substance or dangerous drug.
- Being a member of an organization, club, society, movement, group, or combination thereof, which advocates overthrow of the government.
- Lying, making false statements, or any other manner of falsifying testimony in official matters, including but not limited to, business transactions and job application paperwork.

## **Temporary Disqualifiers for prospective applicants:**

- Misdemeanor conviction, probation or community supervision within the previous ten (10) years (from the date of conviction).
- Having a driver's license suspended, revoked or invalid during the two (2) year period preceding the date of application.
- Three (3) at fault accidents within the past 3 years.
- Eight (8) moving violations within the past 5 years.
- Pending charges for any criminal offense.
- Failing to cooperate fully with and keep all scheduled appointments, failing to supply needed documents within a specified time limit, failing to provide information as requested, or failing to update changes within fourteen (14) days of the change will disqualify an applicant from the hiring process for a period of one (1) year.
- Failing to fully complete the employment application packet will disqualify an applicant from the hiring process for a period of one (1) year.

## **Possible Disqualifiers for prospective applicants include, but are not limited to:**

- History of bad debt.
- Not being of good moral character, or being known to habitually associate with those of questionable moral character.
- Use of marijuana over an extended period of time.
- Illegal possession or previous use of any narcotics, controlled substances; especially within the previous ten (10) years.
- Being handled for any petty criminal offenses (such as, but not limited to: Theft by Check, Minor in Possession of Alcohol, Disorderly Conduct, etc.) during the previous five (5) years.